

Christine M. Sciara, M.D., P.C.

Cosmetic Dermatology
1380 Wilmington Pike, Suite 206
West Chester, PA 19382
Tel: (610) 696-1598

With my consent, Christine M. Sciara, M.D., P.C. may use and disclose protected health information about me to carry out treatment, payment, and healthcare options. Please refer to Christine M. Sciara, M.D., P.C.'s Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the HIPAA Privacy Authorization Form prior to signing this consent.

With my consent, Christine M. Sciara, M.D., P.C. may call my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out to my clinical assessment, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Christine M. Sciara, M.D., P.C. may mail to my home or other designated location items, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With my consent, Christine M. Sciara, M.D., P.C. may e-mail to my home or other designated locations items, such as appointment reminder cards and patient statements.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Christine M. Sciara, M.D., P.C.'s use and disclosure of my personal health information to carry out our treatment plans.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this content, Christine M. Sciara, M.D., P.C. may decline to provide treatment for me.

Signature_____ Date_____

Patient's Name_____

Print Name of Patient or Legal Guardian_____