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## **Consent for Release and Use of Confidential Information and Receipt of Notice of Privacy Practices Form**

I hereby give my consent to Lake Shore Dermatology to use or disclose protected health information about me, for the purpose of carrying out treatment, payment, or health care operations (TPO).

I acknowledge receipt of the physician's Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice may be obtained by forwarding a written request to Lake Shore Dermatology, 351 S. Greenleaf, Suite E., Park City, IL 60085.

I understand that Lake Shore Dermatology may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, billing questions/concerns and any call pertaining to my clinical care, including laboratory tests among others.

I understand that Lake Shore Dermatology may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as patient statements..

I understand that my prescriptions will be sent electronically to my pharmacies by Lake Shore Dermatology. I understand that this may also enable prescriptions not prescribed by Lake Shore Dermatology to be viewed.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to the physician. I also understand that I will not be able to revoke this consent in cases where the physician has already relied on it to use or disclose my health information. Written revocation of consent must be sent to the physician's office.

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Patient Name: \_\_\_\_\_  
(Please Print)

Signature of Patient or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_