

**ACADIANA DERMATOLOGY (APMC)  
CHRISTOPHER R. HUBBELL, M.D.**

MEDICAL, SURGICAL, AESTHETIC, AND LASER DERMATOLOGY

**PATIENT CONSENT FOR USE AND DISCLOSURE OF  
PROTECTED HEALTH INFORMATION**

With my consent, Acadiana Dermatology (APMC) may use and disclose protected health information (PHI) about me to carry out treatment and healthcare operations (TPO). Please refer to Acadiana Dermatology (APMC) Notice of Privacy Practices for a more complete description of such uses and disclosures. I have the right to review the Notice of Privacy Practices that may be obtained by forwarding a written request to Acadiana Dermatology (APMC) Privacy Officer at 913 South College Suite 216, Lafayette, LA 70503.

With my consent, Acadiana Dermatology (APMC) 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, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Acadiana Dermatology (APMC) may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as, appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

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 Acadiana Dermatology (APMC)'s use and disclosure of my PHI to carry out TPO.

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 consent, Acadiana Dermatology (APMC) may decline to provide treatment to me.

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Signature of Patient or Legal Guardian

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Date

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Patient's Printed Name