

# Texas Dermatology Center PLLC, Dr. Mary Evers, D.O.

3201 South Austin Avenue, Suite 115, Georgetown, TX 78626

Phone 512-868-9800

Fax 512-868-9811

## PATIENT AUTHORIZATION TO USE OR DISCLOSE

### PROTECTED HEALTH INFORMATION

I understand Dr. Mary Evers is authorized by me to use or disclose my Protected Health Information for a purpose (described in this document) other than treatment, payment, or health care operations. I have read this authorization and understand what information will be used or disclosed, who may use and disclose the information, and the recipients (s) of that information. I understand that treatment, payment, enrollment or eligibility for benefits may not be conditioned upon me signing this authorization.

I specifically authorize Dr. Mary Evers or her designated employee (s) to disclose my Protected Health Information as described on this form to the recipients listed below. I understand that when the information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by state or federal privacy regulations. I further understand that I retain the right to revoke this authorization.

Description of the information to be used or disclosed:

**My entire record:**

I understand that checking the box for "my entire record" authorizes the use or disclosure of all information in my medical record including, but not limited to: demographic information, patient histories, medication lists, tests, and diagnoses. I understand that my medical record may contain sensitive information.

I specifically authorize the use or disclosure of any information in my medical record related to (**check all that apply**):

Labs       Pathology       Exam Notes \_\_\_\_\_ to \_\_\_\_\_

Please disclose the above information to: **Texas Dermatology Center**

**Phone: 512-868-9800**

**3201 South Austin Ave., Suite 115**

**Fax: 512-868-9811**

**Georgetown, TX 78626**

Purpose for disclosure: \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_