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

With my consent, Dr. Rosario and staff may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (PTO). Please refer to the 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 prior to signing this consent. Dr. Rosario and staff reserve the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Offer at 4479 Baymeadows Rd., Jacksonville, Fl. 32217

I acknowledge and agree that the practice may disclose patient’s protected health information and patient’s medical record information to the following individuals who are either the patient’s family members, legal representative guardians, health care surrogates, or have power of attorney on behalf of the patient:

Patient’s Last and First Name	D.O.B	
Name of Individual #1	Relationship	Phone Number
Name of Individual #2	Relationship	Phone Number
Name of Individual #3	Relationship	Phone Number

**I GIVE PERMISSION TO DISCLOSE THE FOLLOWING INFORMATION; PLEASE INITIAL ONLY THOSE THAT APPLY**

- Home Phone Number     Cell Phone Number     Home Address  
 Visit Notes     Prescription Information     Patient History  
 Test Results     Billing Information     Insurance Information

By signing this form, you are agreeing and giving consent to the practice to release information to the patient in the following alternative manners.

1. Via fax; if the patient, any individual listed above in the consent form or to assist the practice in carrying out PTO.
2. Via regular mail to the patient’s home address or any other designated location, any item that assist the practice carrying out PTO.
3. Via telephone, if patient contacts the practice and provides the appropriate information (including the patient’s name, social security number and date of birth)

\_\_\_\_\_  
 Patient’s Name

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

\_\_\_\_\_  
 Date