DERMATOLOGY ASSOCIATES OF ROCHESTER
DERMASPA | SKIN SEARCH

100 White Spruce Boulevard
Rochester, NY 14623
(P) 585-272-0700
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HIPAA and Financial Policy

1.) I have reviewed the Dermatology Associates of Rochester, PC privacy notice, Bill of Rights, Patient Insurance, Financial Policy Agreement, and "Surprise Bill" Amendment and I authorize the practice to share my Protected Health Information (PHI) with agencies or individuals that require access to provide necessary medical care. My signature below under either "Witness" or "Patient" indicates I am the authorized user of this insurance information.

2.) The name of the person(s) below accurately reflects my personal selection of who I authorize DAR to use, share and disclose my PHI to, unless otherwise noted above. My signature below under either "Witness" or "Patient" indicates I have selected said person(s) as of the date of signing. Failure to sign on either line below reflects my decision to disallow disclosure of my PHI to any person(s).

3.) Dermatology Associates of Rochester has vetted and selected Muhlbauer Dermatopathology Laboratory (MDL) as our preferred diagnostic facility for their level of expertise and quality of results. I, the undersigned, understand that there is a chance MDL could be "out-of-network," and elect to accept any financial charges incurred as a result of being "out-of-network."

4.) I have been informed that failure to pay any patient responsibility may result in additional 'collection' fees on top of the balance due which I accept responsibility for in total.

Name of the person(s) from #2:

_____ - _____
Name Relationship

_____ - _____
Name Relationship

_____ INITIAL HERE to acknowledge I have been informed about the "Surprise Bill," #3 above.

_____ INITIAL HERE to acknowledge I have been informed about additional fees associated with the 'collection process,' #4 above.

_____ _____
Patient Signature Date

_____
Print Patient Name