



# DERMATOLOGY ASSOCIATES

OF ROCHESTER

100 White Spruce Boulevard

Rochester, NY 14623

(P) 585-272-0700

(F) 585-272-8356

## **Patient Acknowledgment**

1. I have reviewed the Dermatology Associates of Rochester Privacy Notice, Bill of Rights, Patient Insurance and Financial Policy and I authorize the practice to share my Protected Health Information (PHI) with agencies or individuals that require access to provide necessary medical care.
2. I authorize DAR to use, share and disclose my PHI to the following individuals:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

3. Dermatology Associates of Rochester may use a separate laboratory or diagnostic facility as necessary for your care and treatment. For skin biopsies, specimens are sent to Muhlbauer Dermatopathology but may be sent to another facility upon request. I understand that such a laboratory or diagnostic facility may be "out-of-network," and elect to accept any financial charges incurred as a result of being "out-of-network."
4. I am the authorized user of the insurance information I have provided to Dermatology Associates of Rochester. I understand and acknowledge that the 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.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name