

Dermatology Associates of West Texas, LLP

2202 Ithaca Ave, Lubbock, TX 79410
806-797-1202

PATIENT CONSENT/AUTHORIZATION

I consent to treatment by the providers at Dermatology Associates of West Texas, LLP.
I consent for Dermatology Associates of West Texas, LLP to release, request, and obtain any and all of my medical information for consultation, referral and/or insurance purposes.

Patient/Guardian Signature

Date

I authorize payment of medical benefits to Dermatology Associates of West Texas, LLP for medical services provided when an assigned claim is filed.

Patient/Guardian Signature

Date

I have received Dermatology Associates of West Texas, LLP's Notice of Privacy Practice. The Notice of Privacy Practice explains how my medical information may be disclosed for treatment, payment and operations.

Patient/Guardian Signature

Date

Persons authorized to receive information about my care outside of basic information for treatment, payment and operations are listed below. You may revoke authorizations in writing except where uses/disclosures have already been made upon your original permission.

NAME	RELATIONSHIP	CONTACT NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient/Guardian Signature

Date

Patient Printed Name

Patient Date of Birth