



SATO GENERAL & COSMETIC DERMATOLOGY, LLC

Patient Consent for Use and Disclosure of Protect Health Information

I hereby give my consent for Sato General & Cosmetic Dermatology, LLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). I hereby authorize information to be furnished to insurance carriers or government agencies concerning my illness and treatments. I hereby assign to them all payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. If I am covered by Medicare, I authorize any holder of medical information about me to release to the health care financing administration and its agents any information needed to determine these benefits or the benefits payable for related services.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Sato General & Cosmetic Dermatology, LLC reserves the right to revise its Notice of Privacy practices at any time. A revised Notice of Privacy may be obtained by forwarding a written request to Ryan Sato, MD at 321 N Kuakini St, Suite 309, Honolulu, HI 96817.

With this consent, Sato General & Cosmetic Dermatology, LLC may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others. I also give my consent to send mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements as long as they are marked "Personal and Confidential."

I give my consent to Sato General & Cosmetic Dermatology, LLC to receive my PHI from any previous medical records that assists in carrying out TPO.

I have the right to request that Sato General & Cosmetic Dermatology, LLC restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow Sato General & Cosmetic Dermatology, LLC to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Sato General & Cosmetic Dermatology, LLC may decline to provide treatment to me.

**Signature of Patient or Legal
Guardian**

**Print Patient's Name or Legal Guardian, if
applicable**

Date