



DERMATOLOGY
Center of Richmond

Treatment Authorization

You consent and understand the following:

- *That the attending physician, the clinical staff and technical employees may administer any treatment or perform any procedures deemed advisable for your care and treatment;
- *That you have the opportunity to discuss proposed course of treatment with the physician to your satisfaction;
- *That you have the right to consent or refuse any proposed course of treatment;
- *that in the event of an exposure of a health care provider to your blood or bodily fluids in a manner which may transmit HIV(human immunodeficiency virus), hepatitis B virus, or hepatitis C virus, you hereby consent to testing of your blood and/or body fluids for these infections and to release of test results to the health care provider who has been exposed.

Privacy and Disclosure

Our Notice of Privacy Practices(NPP) provides information about how we may use and disclose your personal health information (PHI). The terms of our NPP may change in accordance to Federal Regulations. A current copy may be obtained by requesting a copy or by viewing the notice posted in the waiting room.

- *That you have the right to review the Notice of Privacy Practices before signing this consent;
- *That you have the right to request that we restrict how PHI is used or disclosed. We are not required to agree to this restriction, but if we do, we are bound to said agreement;
- *By signing this document, you hereby consent to our use and release of personal health information for treatment, payment and healthcare operations. You have the right to revoke this consent, in writing, except in the case where disclosure was already made with your prior consent;
- *You have the right to ask employees of the medical practice or the Privacy Officer designated to this location questions pertaining to any information contained in the Notice of Privacy Practices;

Payment Arrangements:

YOU MUST PROVIDE YOUR INSURANCE CARD AND PICTURE IDENTIFICATION TO THE RECEPTIONIST FOR SCANNING AT EACH APPOINTMENT. IN THE EVENT THAT NO INSURANCE IS AVAILABLE, OR IT HAS BEEN DETERMINED THAT YOU ARE INELIGIBLE FOR COVERAGE OF SERVICES, THIS ACCOUNT WILL BE DETERMINED TO BE SELF PAY AND PAYMENT IN FULL IS DUE AT THE TIME OF EACH SERVICE.

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