

Center for Dermatology

1000 Sushruta Drive · Martinsburg, WV 25401 · 304-263-3933
19236 Meadow View Drive · Hagerstown, MD 21742 · 240-347-4950

I acknowledge receipt of the Center for Dermatology's HIPAA Privacy Notice.

Signature: _____ Today's Date: _____

Printed Name of Patient: _____ Date of birth: _____

If you are signing as patient's representative, print your name and relationship to patient:

If signing as patient representative, do you have Power of Attorney (POA) or Surrogate

Decision Maker (SDM): _____ Your Phone Number: _____

I give permission for any medical information to be released to the following family

members: _____

I give permission for the following doctor(s) to have access to my medical records:
