

LALA M. STAWOWY, MD
DIPLOMATE, AMERICAN BOARD OF DERMATOLOGY
AND AMERICAN SOCIETY FOR MOHS SURGERY

9150 Huebner Rd. Suite 330
San Antonio, TX 78240
(210) 692-7684
Fax (210) 692-1814

711 Lehmann Dr.
Kerrville, TX 78028
(830) 257-5733
Fax (830) 257-5771

**Patient Consent for Use and Disclosure
Of Protected Health Information**

Please list the family members or other persons, if any, with whom we may discuss your general medical condition and/or your diagnosis:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please print the telephone number where you want to receive calls about appointments, lab or test results, billing, insurance inquiries, or other health care information.

Phone () _____ - _____

May confidential messages (appointments, lab or test results, billing, insurance inquiries) be left on the answering machine or voicemail at the telephone number provided above.

YES _____ NO _____

I understand that this agreement remains in effect until revoked by me in writing. If I revoke my consent, such revocation will not affect any actions that Lala M. Stawowy MD took before receiving my revocation.

Patient or Legal Representative Signature

Date

Guardian Signature if under 18 years of age

Date