



M.D. AESTHETICS & DERMATOLOGY

It is the office policy of M D Aesthetics and Dermatology, LLC not to release confidential medical information regarding your treatment to family members or friends, except for

- (i) parent/legal guardian – for those patients under the age of 18 as required by law
- (ii) other persons authorized by the patient
- (iii) as we may reasonably infer from the circumstances (for example, if you bring a family member or friend into the exam room, we will assume, unless you object, that that person is entitled to receive information regarding your treatment)
- (iv) in emergency situations
- (v) other as otherwise permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you anticipate that you will need or want your medical information to be provided to family members, friends, or caretakers/guardians, please indicate below, so that we may best serve you. By signing below, you authorize the following people to receive information regarding your treatment or care.

(If you wish to add names in the future please confirm this in writing).

(If you wish to remove any names at any time, please communicate that in writing)

Signature of Patient or Authorized Agent _____ Date _____

Name (Please print): _____ Relationship to patient: _____

Name (Please print): _____ Relationship to patient: _____

Name (Please print): _____ Relationship to patient: _____

GABRIEL J. MARTINEZ-DIAZ MD, FAAD

BOARD-CERTIFIED DERMATOLOGIST

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