

DeLuke Dermatology
Dr. Elise DeLuke, M.D.
4949 Main Street
Amherst, NY 14226
Phone (716-970-4140)
Fax (716-970-4676)

AUTHORIZATION FOR PATIENT CARE

Thank you for choosing this facility for your dermatology care. DeLuke Dermatology's medical service is delivered with compassion, empathy and respect for each individual's dignity and privacy.

In consideration of the services to be rendered, you, the Undersigned, hereby grant permission to the employees and providers of DeLuke Dermatology to render patient care.

For the purposes of advancing medical knowledge, the Undersigned understands that this medical practice provides a teaching environment for medical and allied health students and consents to such students participating in the patient's care.

The undersigned hereby permits DeLuke Dermatology to disclose the patient's personal identifiable information for purposes related to the patient's treatment, to obtain payment for the patient's treatment, and in circumstances listed in the medical practice's Privacy Policy.

The undersigned grants permission to release medical information to other health care providers and the health care delivery and planning system involved in the care of the patient. The Undersigned likewise grants permission for these parties to release appropriate medical information back to DeLuke Dermatology.

Patient and/or Guardian Signature

Date

Print Name

Relationship (if applicable)

Thank you for allowing us the opportunity to care for you!