

# PATIENT CONSENT FORM



**KATHLEEN W. JUDGE, M.D.**  
MEDICAL DIRECTOR

DIPLOMATE OF THE AMERICAN BOARD OF DERMATOLOGY  
DERMATOLOGY AND DERMATOLOGICAL SURGERY

PATIENT NAME

DOB

## Please fill out the following:

- I received a copy of the HIPAA Notice of Privacy Practices at my first visit and understand I can request another copy at any time.

## I hereby authorize Central Florida Dermatology Associates' (CFDA) designated medical staff:

- Home
- Cell
- Other

- to leave a **detailed message of my laboratory results** at the following number: \_\_\_\_\_
- to leave **detailed information regarding my appointments, lab results, medication, and other medical information** with:
  - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_
  - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_
- to take **photographs as considered necessary for my medical records**. I understand these photographs will become part of my medical record and may be shared with other medical professionals.
- to **release all records necessary** to my insurance company, attorney, and/or other referring physicians.

## I understand that:

- when tissue is sent to a pathology lab for processing and examination, I (or my insurance company) **will be billed separately by the lab**. For any questions regarding lab billing, please contact the lab directly.
- my medical care requires my cooperation and I will **follow my provider's recommendations**. If indicated, I will **make and keep appointments** for follow up care. I will call the office to note any concerns or **changes in my condition or contact information**.
- there are medical procedures that may be necessary as part of my treatment. The following procedures are commonly performed in a Dermatology office:
  - Skin biopsy for diagnostic purposes
  - Removal of acne lesions or cysts
  - Treatment of malignant lesions and/or pre-malignant lesions, such as Actinic Keratoses (AKs)
  - Treatment of benign lesions, such as seborrheic keratoses (SKs), warts, moles, skin tags, hemangioma, telangiectasia, brown spots, or other similar benign growths.
  - Injection of medications into the skin or subcutaneous tissue
  - Incision and drainage of abscesses or boils

**These are considered minor procedures, but they do have associated risks, which may include, but are not limited to: bleeding, infection, scarring, skin color or texture change, numbness, slow healing, allergic reactions, no improvement or partial response to treatment, and/or recurrence. These conditions may be either temporary or permanent. Some of these procedures may require the utilization of a local anesthetic and/or the placement of sutures.**

- I have the right to refuse treatment at any time without explanation.
- the response to medical treatment cannot be guaranteed. Additional treatment may be required at additional fees.
- I assign and transfer payment of medical benefits from my insurance to: **Central Florida Dermatology Associates**.
- although I may have insurance, I am financially responsible for all treatments/procedures/surgeries performed in the office. I am responsible to know and understand my insurance coverage including copays and deductibles.
- if my account becomes overdue and goes to collection, I agree to pay the additional collection fee of up to 30%.

**I have read and understand the above statements and hereby request and consent to medical care by Central Florida Dermatology Associates, Kathleen W. Judge, M.D. and her designated medical staff.**

Signature of Patient or Legal Guardian

Date

CFDA Representative

Date