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### HIPPA Release of Information

Messages regarding office appointments may be left on my:

- Cell phone       Home phone       work phone  
 Email       Sent as text to cell phone

Messages regarding information related to my care may be left on my:

- Cell phone       Home phone       Email

It is okay to discuss my health information with:

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This HIPPA Release of Information was signed by:

\_\_\_\_\_  
Printed Name – Patient or Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Relationship to Patient  
(if other than patient): \_\_\_\_\_

\_\_\_\_\_