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HIPAA 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:

This HIPPA Release of Information was signed by:

Printed Name – Patient or Representative

Signature

Date

Relationship to Patient
(if other than patient): _____
