

EXHIBIT 11
REVISED MARCH 26, 2018
PHI AUTHORIZED RECIPIENTS
ADCS CLINICS LLC.

Please be advised that Advanced Dermatology Cosmetic Surgery will only discuss/disclose your medical information with you the patient and anyone else you specifically give us authorization to speak to you regarding your medical information.

Below please enter the name and relationship of any persons you authorize us to speak to on your behalf regarding your medical information.

Please note that if necessary for treatment, payment, or for health care operations we may share your information with a third party not specifically authorized by you in accordance with HIPAA (Health Insurance Portability and Accountability Act).

If you have any questions please refer to our patient privacy notice or ask a member of our staff.

Name/Relationship

Name/Relationship

Name/Relationship

Patient Name

Patient Signature

Date