

Amy A. Vaughan, M.D.
DERMATOLOGY

With my permission, noted by my signature below, the physicians and/or staff at Dr. Amy Vaughan's office may speak with the following family member(s) or designated person(s) regarding my personal health information-

Name

Relationship to patient

Name

Relationship to patient

Name

Relationship to patient

Name

Relationship to patient

Signature of Patient/Guardian

Date

Print Patient Name

***PLEASE NOTE – WE WILL ONLY BE ABLE TO SPEAK WITH THE PERSON(S) LISTED ABOVE, WITH NO EXCEPTIONS.**

****PARENTAL AUTHORIZATION FOR TREATMENT OF PATIENTS UNDER THE AGE OF 18 (EIGHTEEN) YEARS.**

Patients under the age of 18 years can only be seen through an office visit so long as the minor patient is accompanied by an individual who shows proof of their age of at least 18 years and written permission signed by a parent or legal guardian of the minor patient. Verbal approval via telephone by the parent or legal guardian will also be satisfactory, but only for the office visit. It may be necessary to reschedule any planned medical procedure (biopsy, freezing, injection surgery, etc.) so that all the necessary consent forms can be completed by the parent or legal guardian.

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