

Dermatology of Seattle

13610 1st Ave South Seattle, WA 98168 206-248-5020 – 206-244-8425 (fax)

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

We are concerned with your privacy rights. We are complying with national guidelines (HIPPA) to safeguard your personal health information.

We keep a record of the healthcare services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorized or compels us to do so. You may see your record or get more information about it by contacting our privacy officer or any front office staff member.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

*****Please take the time to read the entire document.*****

We routinely call your home phone or other phone number(s) you have listed in your chart to remind you of appointment, discuss treatments, or give test results. You must let us know, in writing, if you have other preferences for contacting you.

Home Phone: () -

Cell Phone: () -

Work Phone: () -

E-Mail: _____ (You may communicate personal, private & confidential information regarding my treatment to this secure email address.)

Mail Only

You may leave messages with these people: _____

Any other specific requests about how we may contact you: _____

(Notation, if any, by staff)

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual

Date

Time

Printed name if signed on behalf of the patient

Relationship
(parent, legal guardian, personal representative)

This form will be retained in your medical record.