GOLDMAN DERMATOLOGY, PLLC
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PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received your Notice of Privacy Practices and/or I have been provided an opportunity to review it.

I agree that telephone messages regarding my appointments, prescription renewals, lab results, and all other Protected Health Information* ("PHI") may be left for me on Voicemail systems and answering machines at the following telephone numbers, in addition to any other numbers provided to you by me:

(__________--------------------__________________Home / Office / Cell / Other __________________

(__________)-------------------__________________Home / Office / Cell / Other __________________

(__________) ----------------- __________________Home / Office / Cell / Other __________________

(If we need to contact you with lab results, please place a check mark next to the preferred contact number, if any)

I agree that my PHI may be shared with my spouse
I agree that my PHI may be shared with my other medical providers
I agree that my PHI may be shared with the following other people:

____ ____

____ ____

____ ____

☐ I understand that I can change any of the foregoing agreements, at any time, by giving written notice to GOLDMAN DERMATOLOGY, PLLC to the attention of the HIPAA Compliance Officer.

☐ I agree that my PHI may be shared with my credit card company/companies if I contest any credit card charges, so that GOLDMAN DERMATOLOGY, PLLC can submit records to support its charges.

☐ I agree that GOLDMAN DERMATOLOGY, PLLC may contact me at any email addresses provided to you by me regarding both PHI and non-PHI.

*as defined in the Health Insurance Portability and Accountability Act of 1996 and its regulations, as may be amended from time-to-time ("HIPAA")

Patient Name [please print clearly]: ____

Signature:____Date: ________________________

If the patient is a minor (under 18 years of age), the responsible parent or guardian must sign above, and fill in the information below.

Parent/Guardian Name [print]:____________________Relationship to Patient: ☐ Parent ☐ Legal Guardian