

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE
HEALTH INFORMATION**

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes Dermatology Specialists, P.C. to use and disclose health information about you for treatment, payment and health care operations purposes. You may refuse to sign this acknowledgement.

Notice of Privacy Practices. Dermatology Specialists, P.C. has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

How to contact our Privacy Officer:

Mail: Dermatology Specialists, P.C.
933 North Charlotte Street, 3B
Pottstown, PA 19464
Attention: Privacy Officer

Telephone: (610)327-1220
Fax: (610)327-1010

Acknowledgement and Consent

I have received the Notice of Privacy Practices for Dermatology Specialists, P.C. Dermatology Specialists, P.C. is authorized to use and disclose health information about _____ (patient name) for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

By signing below you are acknowledging that you have received and understood our privacy policy and that you have had the opportunity to ask questions.

Signature of patient (or patient's personal representative)

Date

Personal representative information (if applicable):

Name of Personal Representative: _____

Relationship to patient or other authority: _____