



Notice of Privacy Practices

I acknowledge that I have reviewed or received a copy of Velum Skin and Laser Centers Notice of Privacy Practices.

Use/ Restrictions of Patient Information

In general the HIPPA privacy rules gives individuals the right to request a restriction on uses and disclosure of their protected health information. The individual is also provided the right to request confidential communications or that a communication of PHI be made alternative means, such as sending correspondence to the individual office instead of the individuals home.

I wish to be contacted in the following manner (Check all that apply) - Please write N/A on ones not applicable

Home Telephone: _____

O.K to leave message with detailed information

Leave message with call back number only

Work Telephone: _____

O.K to leave message with details

Leave message with call back number only

Cell Phone: _____

O.K to leave message with detailed information

Leave message with call back number only

Written Communication

O.K to mail to my home address

O.K to mail to my work/office address

O.K to fax to this number: _____

Verbal Communication

O.K to release information verbally to

Name: _____

Relationship: _____

It is the patient's responsibility to provide updates or changes to the information.

Patient Signature: _____

Date: _____

Parent/Guardian Signature if under 18: _____