

Northwest Dermatology Notice of Privacy Practices, Office and Financial Policy – Acknowledgment

Northwest Dermatology has a responsibility to protect the privacy of your health care information and to provide a Notice of Privacy Practices that describes how your health care information may be used and disclosed, how you can access your health care information, and whom to contact if you have questions, concerns, or complaints.

We may change the Notice of Privacy Practice or Office and Financial Policy at any time, and you may contact Tamara Oliverson, Practice Administrator, at Northwest Dermatology (509) 444-6367 to obtain a current copy of either Policy or to ask questions.

By my signature below, I agree that I have received and/or was offered the *Notice of Privacy Practices and Office/Financial Policy* of Northwest Dermatology. I acknowledge, understand and agree to the policies stated above and will ask a staff member for a copy of these policies for my records if needed. I do hereby consent to medical treatment, authorization assignment of insurance benefits to Northwest Dermatology and authorize this office to release daily chart notes when necessary for the processing of claims.

Patient or legally authorized individual's signature

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.

If there's a spouse, family member or a friend that you would like us to release any (medical or financial) information to, please list their name and contact number below. If there's no one you wish us to share your information with please enter N/A. This will be in effect until you terminate release.

A release for physicians is separate from this HIPAA authorization.

Name

Relationship

Date

Phone Number

For Office Use Only

Office staff complete below:

I have attempted to obtain the patient's signature on this form, but was not able to obtain it for the reason(s) listed below:

Date: _____

Staff member initials: _____

Reasons: