



HIPAA PATIENT ACKNOWLEDGEMENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you, and your rights relating to your protected health information. You have the right to review our Notice before signing this document.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do we shall honor that agreement.

The Patient Understands and Acknowledges That:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- Twin Ports Dermatology has a Notice of Privacy Practices and the patient has had the opportunity to review this Notice.
- Twin Ports Dermatology reserves the right to change the Notice of Privacy Practices. A revised notice can be obtained by request.
- The patient has the right to restrict the use of his or her information but Twin Ports Dermatology does not have to agree to those restrictions.
- The patient may revoke this consent in writing at any time and all future disclosures will then cease. The revocation will not affect any disclosures already made based on the patient's prior consent.
- Twin Ports Dermatology may condition receipt of treatment upon the execution of this document.