

Bay Pointe Dermatology & Cosmetic Center, P.A.

Tax ID: 20-281-3816

PATIENT NOTICE OF PRIVACY PRACTICE

This notice describes how medical information about you may be disclosed. Please review it carefully.

Bay Pointe Dermatology & Cosmetic Center, P.A. will use your medical information for the following:

1. **TREATMENT:** Including providing your medical records to consulting clinicians and insurance companies.
2. **PAYMENT:** We will file necessary claims to insurance companies in your name to obtain payment. They may request part or all of your medical record to pay the claim.
3. **HEALTH CARE OPERATIONS:** Any others involved in your healthcare.

The entire PRIVATE POLICY NOTICE of Bay Pointe Dermatology & Cosmetic Center, P.A. is posted in the waiting room for your perusal.

QUESTIONS #1, 2 AND 3 MUST BE COMPLETED

In conjunction with these privacy practices you will need to provide us with the following information:

1. Name of person(s) we may speak to regarding your health (i.e. spouse, child, etc. including phone number.)

2. Emergency Contact: (relative or person not living with you)
Name: _____
Address: _____
Phone: _____
3. May we leave a message regarding your health or an upcoming Appointment on your answering machine?
at HOME? YES _____ NO _____ at Work? YES _____ NO _____

Signature of Patient or Legal Guardian

Relationship to Patient

Print Patient's Name or Legal Guardian

Patient's Date of Birth

Witness

Date