



ONESKIN DERMATOLOGY

HIPAA

Patient Name: _____ DOB: _____

Patients over the age of 18 are protected under the Federal Health Insurance Portability and Accountability Act. This Federal Law prohibits any staff member of OneSkin Dermatology from discussing appointments, medications, test results or treatment plans with anyone other than the patient.

Often, this causes difficulty for some patients who would like family members or caretakers to obtain information for them. This becomes especially important if your spouse or adult children assist with making appointments for you or if you are an adult college student away at school and your parents assist with prescriptions and appointments.

If you would like to permit someone to discuss your medical condition, confirm appointments or obtain results for you, please indicate their name(s) below. Only these individuals will be provided with information about you. Should you wish to update the names below, please ask the receptionist for a HIPAA form.

Please place a check mark next to the following methods we may use to contact you regarding your appointments and medical information and indicate below any persons authorized to speak with our office on your behalf.

You may leave a message	Regarding Appointments	Regarding Medical info
Home Answering Machine	_____	_____
Mobile phone Voice Mail	_____	_____
Mobile text	_____	_____
Work Phones	_____	_____
With another person that may answer	_____	_____
Information through the mail	_____	_____
Information through email	_____	_____

Name of Individual (please print)	Relationship to Patient
_____	_____
_____	_____
_____	_____

Patient/ Guardian Signature: _____ Date: _____

I acknowledge and understand the above HIPAA policies and understand I may request a copy of the practice's Notice of Privacy Practices related to the Health Insurance Portability and Accountability Act of 1996.