



1115 W. Randol Mill Rd
Suite 200
Arlington, TX 76012

2485 E. Southlake Blvd
Suite 200
Southlake, TX 76092

: (817) 303-MOHS (6647)
 : (817) 303-6651
 : www.dfwskinsurgery.com

HIPAA NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT AND AUTHORIZATION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to provide you with our Notice of Privacy Practices, which explains our privacy practices and how we may legally use and disclose your Protected Health Information (PHI). In order to protect your privacy and confidentiality, we ask that you authorize when, and to whom, protected health information can be released.

May we leave a detailed message on your answering machine / voicemail?

Yes No

May we call you at work and leave a message to call the office back?

Yes No

May we send you a text (SMS) message, if available?

Yes No

May we send you e-mail messages, including occasional newsletters and information about specials and exclusive promotions?

Yes No

Do we have your permission to talk and allow access to your PHI to family members or other individuals?

Yes No

If yes, please provide the name, phone number, and relationship of authorized individuals:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

By signing this form, I acknowledge that I have received a copy of the DFW Skin Surgery Center's Notice of Privacy Practices and have been given an opportunity to ask questions. A copy of this consent will be included in my chart for future reference.

Patient or Guardian Signature: _____ Date: ____/____/____

Relationship (if other than patient): _____