Privacy Policy Acknowledgement Form

The Notice of Privacy Practice for the office of Illinois Dermatology Institute, LLC is available for your review at the front desk. Should you wish to receive your own copy to take with you please ask our receptionist. The Notice of Privacy Practices may change from time to time and you are welcome to request a revised copy at your next visit, call our office and request a copy, or mail a written request.

Section 1 - Acknowledgement

I acknowledge and understand the Notice of Privacy Practices for the office of Illinois Dermatology Institute, LLC

_____ _____

Patient Name *Date*

_____ _____

Date of Birth *MRN **(office use)***

Section 2 – Notification and Emergency Designee

I give permission to Illinois Dermatology Institute, LLC (IDI) and staff to perform the following duties in an effort to maintain continuity of care.

Confirm/revise my appointment times by calling my home, business, and any other designated phone number.

☐ **YES** ☐ **NO**

Leave a message of normal test results on my home answering machine or with a specified family member.

☐ **YES** ☐ **NO**

The office and personnel are authorized to contact the party listed below to discuss and handle my medical care in the event of an emergency or to receive message information on my appointments and test results:

_____

Designated Person *Contact Number*

Section 3 – Marketing Communication

IDI may wish to share new products, discounts or service information directly to you, our patient. The information may be communicated via phone call, letter, or email. You have the right to **Opt In** or **Opt Out** of any marketing communications by checking your preference below. (***You are able change to your decision at any time by notifying our office.)***

☐ **I wish to opt IN** and receive marketing and other communications via email, phone call or letter.

Email address: _____

☐ **I wish to opt OUT; I do not** wish to receive marketing information.

I understand the information provided to me in the privacy notice and I have indicated my response to the questions in each section

_____ _____

Patient Signature and Phone number *Date*