

PRIVACY POLICY ACKNOWLEDGEMENT FORM

The notice of privacy practice for the office of Illinois Dermatology Institute, LLC is available at the front desk and on our website at www.illinoisderm.com/buffalogrove. 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 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 to maintain continuity of care.

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

YES NO

How would you like to receive your courtesy appointment reminders? (Please choose only one):

Email _____ Text _____ Phone call _____

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

YES NO

Discuss medical issues with members of your household

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 marketing consists of sharing **new product, discounts or service information directly to you**, our patient. The information may be communicated by letter, or email. We do not sell your information to third party companies.

I wish to opt IN and receive marketing and other communications via email, phone calls, 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 questions in each section.

Patient Signature and Phone number

Date