



Aesthetic and General

Dermatology OF Seattle

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NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

We are concerned with your privacy rights. We are complying with national guidelines (HIPAA) to safeguard your personal health information.

We keep a record of the healthcare services we provide to you. You may ask to view and/or obtain a copy of that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or receive more information about it by contacting our privacy officer or any front office staff member.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

*****Please take the time to read the entire document.*****

We routinely call your home phone or other phone number(s) you have listed in your chart to remind you of appointments, discuss treatment, or give test results. You must let us know, in writing, if you have other preferences for contacting you.

Check here if the contact information you have already provided is sufficient.

Check here if you would like to provide alternative contact information for us to use, and provide below:

_____ Phone: (_____) _____ - _____

_____ E-Mail: _____ (You may communicate personal, private & confidential information regarding my treatment to this secure email address.)

_____ Mail

_____ You may leave messages with these people: _____

_____ Any other specific requests about how we may contact you: _____

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual

Date

Time

Printed name if signed on behalf of the patient

Relationship
(parent, legal guardian, personal representative)

This form will be retained in your medical record