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HIPAA ACKNOWLEDGEMENT OF PRIVACY PRACTICES & DESIGNATION OF DISCLOSURE

ACKNOWLEDGEMENT OF DERMATOLOGY SPECIALISTS' NOTICE OF PRIVACY PRACTICES:

Our Notice of Privacy Practices provides information about how we may use and disclose your personal health information (PHI).

By signing below, you acknowledge that our Practice may use and disclose protected health information about you as it relates for treatment and payment. You have the right to request that we restrict how protected health information about you is used as it relates to treatment or payment.

I acknowledge that I have received the Notice of Privacy practices, had an opportunity to read the Policy, and am aware that I may ask questions if I do not understand any information contained in the Privacy practices Policy.

DESIGNATION OF CERTAIN RELATIONS, CLOSE FRIENDS, AND OTHER CAREGIVERS AS MY PERSONAL REPRESENTATIVE:

I agree that the Practice may disclose personal health information that is directly related to my ongoing health care to designated persons of my choosing listed below, and assume responsibility to inform the Practice of any changes.

The law in Virginia provides that whenever a person who is rendering health care services to a patient is directly exposed to the patient's body fluids in a manner that may transmit human immunodeficiency virus (AIDS virus), or Hepatitis B or C viruses, the patient will be deemed to have consented to testing for those viruses without written consent but with knowledge. The results of this test will be released to the person who is exposed to the body fluids as well as the patient.

General Dermatology • Mohs Micrographic Surgery

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