

**HIPAA PRIVACY NOTICE**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED. PLEASE REVIEW IT CAREFULLY.

Dermatology of the Berkshires, P.C. will use your medical information for the following:

1. **TREATMENT:** Including providing your medical records to consulting clinicians and insurance companies.
2. **PAYMENT:** Dermatology of the Berkshires, P.C. will file necessary claims to insurance companies in your name to obtain payment. They may request part or all of your medical record to pay the claim.
3. **HEALTH CARE OPERATIONS:** Any others involved in your healthcare.

The entire HIPAA POLICY NOTICE of Dermatology of the Berkshires, P.C. is posted in the waiting room for your perusal.

In conjunction with these privacy practices you will need to provide us with the following information:

1. Name of person(s) Dermatology of the Berkshires, P.C. may speak to regarding your health (i.e. spouse, child, etc. including phone number.)

\_\_\_\_\_  
\_\_\_\_\_

2. May Dermatology of the Berkshires, P.C. leave a message regarding your health or an upcoming appointment on your answering machine?

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Patient's Name or Legal Guardian

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date