



PATIENT NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be disclosed. Please review it carefully.

Aspen Dermatology will use your medical information for the following:

- 1. TREATMENT: Including providing your medical records to consulting clinicians and insurance companies.
- 2. PAYMENT: We 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 health care.

The entire Private Policy Notices of Aspen Dermatology is available for your perusal.

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

- 1. Name of person(s) we may speak to regarding your health (i.e., spouse, child, etc. including phone number)

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- 2. May we leave a message regarding your health or an upcoming appointment on your answering machine?

Yes      No

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Signature of Patient or Legal Guardian

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Relationship to Patient

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Print Patient's Name or Legal Guardian

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Patient's Date of Birth

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Witness

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Date