

Medical Acne and Skin Care, pllc
Notice of Privacy Practices

The following information is provided to you to comply with current privacy laws. Your signature below is greatly appreciated and requested for full compliance under HIPAA (Health Insurance Portability and Accountability Act).

Patient Name _____

Your personal health information is confidential and will not be shared except to provide the best possible care. It is sometimes necessary to share limited information to obtain lab work, prescriptions, referrals, or bill insurance companies who may provide payment on your behalf. Your personal health information will not be shared under any other circumstance without your request and consent. For insurance billing, M.A.S.C. uses an independent agent who adheres to the same professional privacy standard. A copy of this notice is available upon request.

September 2013 Updates:

You may choose to waive insurance coverage and pay cash. If you choose this option, no diagnostic information will be shared with your insurance company.
M.A.S.C. uses email as a convenient method of communication. If you prefer another method because of security concerns, we will happily comply with your request.
M.A.S.C. will not send you information about fundraising (never have, never will).
M.A.S.C. will notify you of any accidental breach of confidentiality or privacy.

I acknowledge receiving and understanding the above information.

_____ Date _____