

ConradPetersen

DERMATOLOGY

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Privacy Policy Acknowledgement Form

The Notice of Privacy Practices for the office of Conrad Petersen Dermatology SC is available for your review at the front desk and on our website www.conradpetersen.com. Should you wish to receive your own copy to take with you, please ask our receptionist. The Notice of Privacy Practices may change from time to time and you are welcome to request a revised copy at your next visit, to call our office and request a copy, or to mail a written request.

Patient Name: _____ Date of Birth: _____ Date: _____

Release of Medical Information & Patient Record of Disclosure:

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). Individuals also have the right to request confidential communications or that communications of PHI be made by alternate means.

My signature below indicates that I wish to be contacted by Conrad Petersen Dermatology with a **detailed** message (i.e. biopsy results, appointment information) on the telephone number I have provided:

Mobile Number: _____ Home Number: _____

With whom may we share medical information: _____

Relationship to patient: _____

Signature of Patient or Representative: _____ Date: _____

Authorization To Receive Marketing Communications

Conrad Petersen Dermatology may wish to share new products, discounts or service information related to items or services provided by Conrad Petersen Dermatology directed to you, our patient. If you agree, we will share such information with you via text and/or email. By signing where indicated below, I agree to receive communications regarding products, discounts and services provided by Conrad Petersen Dermatology.

Signature of Patient or Representative: _____ Date: _____