Chevy Chase Dermatology Center (CCDC)

Patient Name: _____

Privacy Instructions

Contacting You

We take your privacy very seriously. Please let us know how we may contact you to remind you about appointments, discuss lab test results, and other matters.

	Specify your Phone Number	OK to Leave Detailed Message	Leave Message with our practice name and callback number only	Do Not Call
Home	( ) -	☐	☐	☐
Work	( ) -	☐	☐	☐
Cell	( ) -	☐	☐	☐
Fax	( ) -	☐	☐	☐
Other	( ) -	☐	☐	☐

Normally, CCDC will NOT contact you via email. However, in the event of any breach of confidentiality or security, email will be the fastest way to advise you.

Email Address: _____

☐ I authorize CCDC to notify me via email in the event of a data breach

Others we may speak with

Please give us guidance regarding speaking with any family or friends when we call, or if they contact us regarding your care and/or payment for your care. It is OK for CCDC to speak with:

Name	Relationship	Phone	Date of Birth

I have received the HIPAA Notice of Privacy Practices and have provided the above instructions.

Patient Signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

For Office Use Only

CCDC made a good faith effort to obtain the above information.

☐ Individual refused to sign

☐ An emergency situation prevented us from obtaining this acknowledgement

☐ Other _____

Staff Signature: _____ Date: _____