



**BAY DERMATOLOGY  
AND COSMETIC SURGERY, P.A.**

**PATIENT NOTICE OF PRIVACY PRACTICES**

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

Bay Dermatology & Cosmetic Surgery, P.A. 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 healthcare.

The entire PRIVATE POLICY NOTICE of Bay Dermatology & Cosmetic Surgery, P.A. is posted in the waiting room for your perusal.

**QUESTIONS #1, 2 AND 3 MUST BE COMPLETED**

**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.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **Emergency Contact: (relative or person not living with you)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

3. **May we 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