



FORT WAYNE
DERMATOLOGY
CONSULTANTS INC

HIPAA PRIVACY RECEIPT ACKNOWLEDGEMENT

Fort Wayne Dermatology Consultants, Inc. Notice of Privacy Practices has been offered to me. I understand I have the right to review the Notice of Privacy Practices prior to signing this document and by signing this document, acknowledge only that I have been offered the Notice of Privacy Practices or have declined the offer.

Fort Wayne Dermatology Consultants, Inc. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Accepted Notice

Declined Notice

Signature of Patient

Signature of Personal Representative

Patients Date of Birth

Description of Personal Reps. Authority

Date

I authorize the following person(s) minimal access (does not include copies of medical records) to my protected health information (PHI):

Name

Date of Birth

Home Phone Number

Patient's signature: _____

For authorization to release limited PHI to the above listed individuals.

I further authorize Fort Wayne Dermatology Consultants, Inc. to communicate with me electronically through e-mail at the following e-mail address:_____. **I understand that this e-mail communication is not secured by encryption therefore is not considered a secured or private communication. Fort Wayne Dermatology Consultants, Inc. will not be held responsible for further disclosure of your information sent via unencrypted e-mail.**

Patient's signature: _____

For authorization of e-mail communications.



FORT WAYNE
DERMATOLOGY
CONSULTANTS INC

Medical History Form

Date: _____ MR#: _____ Birth Date: _____ Age _____

Last Name: _____ First Name: _____ Middle: _____

Preferred Pharmacy _____

Medication	Dose	Route	Frequency

Do you have any medical allergies? Yes No

List Allergies: _____

Concern	Location	Duration	Prior Treatments
1.			
2.			
3.			

Are you interested in learning more about:

- Skin care
 Coolsculpting/Fat reduction
 Hair Removal
 Anti-aging services

Do you have unwanted:

- Wrinkles
 Brown spots
 Acne