

Wieder Dermatology & Laser Center

Receipt of Notice of Privacy Practices Written Acknowledgements Form:

I, _____ have received a copy of Wieder Dermatology's notice of privacy practices.

Signature of Patient/Responsible Party

Date

I authorize Wieder Dermatology and Laser Center to contact me using my email address for (please check all that apply):

- Appointment reminders and skin cancer recall reminders
- Electronic newsletters containing updates regarding dermatologic care and cosmetic procedures
- I prefer not to receive any emails

Patient name

email address

Patient signature

Date

Please complete the following if appropriate:

I _____ give my permission for the staff at Wieder Dermatology & Laser Center to discuss my medical care/appointment scheduling with the following people:

- 1) _____
- 2) _____
- 3) _____

Signature

Date