

Central Coast

DERMATOLOGY

Notice of Privacy Practices:

Our notice of Privacy Practices is located at the front desk in a black binder. Please feel free to read over it while you wait, at your request, we will provide you with a written copy.

I acknowledge that I was made aware of the Notice of Privacy Practices for Central Coast Dermatology and its location. I understand that the Notice describes the used and disclosures of my protected health information by Onslow Ambulatory Services and CCD, and informs me of my rights with respect to my protected health information.

For more information, please contact the Onslow Memorial Hospitals HIPPA Privacy Officer at (910) 577-2825.

Patient/Patient Representative Signature

Date

Patient Rights and Responsibilities:

A copy of your Patient Rights and Responsibilities is in the black binder at the front desk. Please read it over while you wait, or at your request you will be provided with a written copy.

I acknowledge that I was made aware of the Patient Rights and Responsibilities for Central Coast Dermatology and its location. I understand that it explains that I am a partner in my health care and that I have rights and responsibilities while in our facility.

Patient/Patient Representative Signature

Date

Staff Initials: _____

_____ Patient refused to sign or deferred signing until further notice