

853 2nd St. Pike, Suite A1
Richboro, PA 18954
Tel. (215) 485-5713
Fax (215) 485-5419

Certified Dermatology

At Certified Dermatology we understand that communication is an important part of the patient/healthcare provider relationship. To ensure that we get important information to our patients in a timely manner, we often leave messages on voice mail, answering machines or with family members. In some cases, we may need to leave messages on voicemail or answering machines with detailed information regarding your condition or treatment. You should be aware that other individuals who have access to your voice mail or answering machine might hear these messages. At home, this may mean that members of your family may hear these messages. At work, it may mean your employer may hear these messages. Please let us know on what numbers we may leave detailed or brief messages.

_____	<input type="checkbox"/> Detailed	<input type="checkbox"/> Brief
Home		
_____	<input type="checkbox"/> Detailed	<input type="checkbox"/> Brief
Cell		
_____	<input type="checkbox"/> Detailed	<input type="checkbox"/> Brief
Work		

You may also designate two people with whom we may discuss your condition and treatment.

_____	_____
Name	Relationship
_____	_____
Name	Relationship

By signing below, I acknowledge that I have read and understand the Privacy Practices for CERTIFIED DERMATOLOGY. I understand that CERTIFIED DERMATOLOGY will not share my name or private information with any outside companies. I am aware that my information may be shared with my insurance company in order to have claims processed.

Patient's Name

Date of Birth

Patient's or Representative's Signature

Today's Date