

Kessel Dermatology
1700 Whitehorse-Hamilton Sq Rd
Suite D1
Hamilton Square, NJ 08690

Notice of Privacy Practices/HIPAA

At Kessel 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 voicemail, answering machines or with family members. In some cases these messages may contain detailed information; this may include test and/or lab results, appointment reminders or changes, and other information related to your treatment and care. You should be aware that other individuals who have access to your voicemail or answering machine may hear these messages. At home, this could mean that members of your household may hear these messages. At work, it could mean your employer or co-workers 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 KESSEL DERMATOLOGY. I understand that KESSEL 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 or Representative's Signature

Today's Date