



CHAPEL HILL
DERMATOLOGY

PATIENT ACKNOWLEDGMENT AND CONSENT

For New Patients Only

I have been given a copy of Chapel Hill Dermatology’s (“CHD”) Notice of Privacy Practices, version effective 5/20/2018. I consent to the uses and disclosures of my health information as outlined in the Notice.

Signature of Patient or Representative

Date

Print Name

Relationship of Representative to Patient

Please describe the Representative’s authority to act on behalf of Patient: _____

Is your spouse or significant other authorized to receive PHI? _____ Yes _____ No

Brief summary of restrictions:

FOR CHD USE ONLY

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient’s representative, please explain your efforts to obtain acknowledgment and the reason you could not obtain it:

