

**\*\*RETURN TO RECEPTIONIST\*\***

## **Princeton Dermatology Associates**

### **HIPPA**

HIPPA is a new federal government regulation, which contains rules about how we can use your medical information with, and without, your prior permission. It also gives patients new rights with respect to the privacy of their medical information. We are obligated by law to make available to you Notice of Privacy Practices, which explains our duties and your right, and to get a written acknowledgement from you that you have received this information. It is therefore necessary for you to sign this form below and we ask your cooperation in this regard.

To learn more about HIPPA, you may visit the United States Department of Health and Human Services' website at:

[www.aspe.hhs.gov/admnsimp/Index.htm](http://www.aspe.hhs.gov/admnsimp/Index.htm).



I understand a copy of Princeton Dermatology Associates' Notice of Privacy Practices is available for my review.

Name (sign)

Date:



Yes



No

I hereby give my permission to Princeton Dermatology Associates allowing tests results and billing issues to be left on my voicemail or with a family member:

\*Please indicate which family member \_\_\_\_\_