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Overview of HIPAA Privacy Practices Notice

Federal law requires Skin Renew Laser & Vein Clinic and its related health care providers to maintain the privacy of individually identifiable health information and to provide you with notice of their legal duties and privacy practices with respect to such information. Skin Renew Laser & Vein Clinic and its related health care providers must abide by the terms and conditions of this Privacy Notice.

The health care providers affiliated with Skin Renew Laser & Vein Clinic are required to seek your written acknowledgement that you have received this Notice. By furnishing written acknowledgement of receipt, you do NOT indicate your agreement or consent to the uses and disclosures of information described in this Notice. The acknowledgement indicates only that you have received this Notice. You may decline to furnish written acknowledgement of receipt. In this event, your refusal will be documented.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE PROTECTED, HOW IT MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Printed Name of Patient or Legal Guardian

Date

SIGN HERE

Signature of Patient or Legal Guardian

Date