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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE
Diplomate, American Board of Dermatology
Fellow, American Academy of Dermatology
Fellow, American College of Physicians

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

- 1) I acknowledge that I have received the attached privacy notice.
- 2) Our current policy is to call your home for appointment reminders. We will leave a message on the answering machine or with a live person. If this policy is not okay with you. Please give an alternate plan: _____
- _____
- 3) Our current policy is to call your home for follow up medical care or results. This could include benign pathology results. We will leave the results on an answering machine or with a live person. If this policy is not okay with you, please give an alternate plan: _____
- _____
- 4) Our current policy is to call your work number you have provided us if we cannot reach you at home. We will only leave our number and the doctor's name. No other information will be left. If this policy is NOT okay please sign the line below.
- DO NOT CALL MY WORK _____

****If you would like anyone else to receive information about your care, pathology results, appointments, and instructions for care, please advise us below. Please also list any family members or friends, since we will be unable to provide this information to anyone who is NOT on the list.

I authorize _____ (name/ relationship to you)
_____ (phone number)

****May we leave a message on your answering machine stating detailed results, even if they are malignant? (Check one) Yes NO

Patient signature: _____
(or legal representative, describe relationship)

Patient name (print) _____

Date: _____