

Braddock Finnegan Dermatology, P.C.

7911 West Center Road, Omaha, NE 68124
Telephone (402) 390-0333

PRIVACY NOTICE ACKNOWLEDGEMENT

Patient Name: _____ DOB: _____

I have received the Braddock Finnegan Dermatology Notice of Privacy Practices. (Note: My signature does not indicate that I have read, understood or agree with the Notice only that it has been provided or offered to me.)

This section is to give Braddock Finnegan Dermatology permission to contact the following persons regarding my health care:

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Tell us how we may contact you: (Check all that apply)

- Home/Cell #: _____
- Work #: _____
- Leave a Message: Appointment Date & Time
- Leave a Message: Normal Test Results
- Do not** Leave a Message

X _____
Signature of Patient/Parent/Legal Guardian

Date