

Messenger Dermatology – Compass

I have seen a copy of Messenger Dermatology – Compass’ Notice of Privacy Practice.

Signature of patient/guardian

Date

I have refused to see a copy of Messenger Dermatology – Compass’ Notice of Privacy Practices.

Signature of patient/guardian

Date

Messenger Dermatology – Compass may release my protected health information to the person(s) listed below (example: spouse, grandparent, sibling, etc.)

Name Phone Number Relationship

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