

# Messenger Dermatology – Compass

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

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Signature of patient/guardian

Date

I have declined to see a copy of Messenger Dermatology – Compass' Notice of Privacy Practices.

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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.)

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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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