

Read each paragraph below and initial in the space provided if you agree and understand.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

\_\_\_\_\_ We are required by law to provide you with a copy of our Notice of Privacy Practices. Our Privacy Practice provides information about how we  
Initial may use and disclose protected health information about you. Protected health information may be disclosed or used for treatment, payment, or health care operation. Patients have the right to restrict the uses of their information, but the practice does not have to agree to those restrictions. The patient may revoke this consent in writing at any time and all future disclosures will then cease. The practice may condition receipt of treatment upon the execution of this consent. To ensure that our records are accurate, please initial the space above and return it to our receptionist to acknowledge that you have been provided this information.

**NO SHOW POLICY**

\_\_\_\_\_ Scheduling medical appointments are very important. They allow the patient and the doctor to have a productive office visit. Appointments  
Initial are a necessary prerequisite for excellent patient care. To better serve you and our patients better, please call 24 hours in advance if you are unable to keep your appointment to avoid any charges.

\_\_\_\_\_  
Patient's Signature Date

**Release of Information to Designated Family Member or Caregiver**

The undersigned consents to Schaberg Dermatology releasing his/her medical information to:

_____ Name to Receive Info	_____ Relationship to Patient
_____ Name to Receive Info	_____ Relationship to Patient

This consent is in effect for one (1) year period (as signed by designee). This form must be resigned at the year's expiration. This consent may be revoked at any time by the patient upon written request to the practice.

\_\_\_\_\_  
Patient's Signature Date

**Merit-Based Incentive Payment System (MIPS) Questions** (please answer each question):

- How often do you drink alcohol?  2 or less times a year  More than 2 times a year
- Do you smoke or vape tobacco?  Never  Former  Current

\_\_\_\_\_  
Primary Insurance Secondary Insurance (if any)

**Thank You For Choosing Schaberg Dermatology**