

Lake Oswego Dermatology Group
17704 Jean Way, Suite 102
Lake Oswego, OR 97035
(503) 635-9221

Notice: Patient Privacy

We are committed to preserving the privacy of our personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing.

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION:

- **We are not required by law to have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment, however the Clinic requests that you sign one since patient's written acknowledgement of this Notice is required.**
- **We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization, such as a court ordered subpoena.**
- **As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.**
- **We have available a detailed NOTICE OF PRIVACY PRACTICES which fully explains your rights and our obligations under the law. We may revise our NOTICE from time to time. The Effective Date at the top right hand side of this page indicates the date of the most current NOTICE in effect.**
- **You have the right to receive a copy of our most current NOTICE of your medical information.**

I agree to have my health information and biological samples available for anonymous or coded genetic research.

I decline to have my health information and biological samples available for anonymous or coded genetic research.

Printed Name

Patient's Signature

Date