

Core Dermatology
Peoria Ambulatory Surgery Center
Harlan & Steinhoff Dermatology
Notice of Privacy Practices (HIPAA)

NOTICE OF PRIVACY PRACTICES

I acknowledge receipt of Soderstrom Dermatology Center, S.C, d/b/a Core Dermatology's Notice of Privacy Practices. I understand that Core Dermatology can change these privacy practices. I understand that this consent is valid until revoked by me. I understand that I may revoke this consent at any time by giving written notice to Core Dermatology. I understand that I will not be able to revoke this consent in cases where Core Dermatology has already relied on it to use or disclose my health information. I understand that any Revised Notice will be posted in Core Dermatology's office and on its website.

I have been offered a copy of this consent or have received a copy upon my request.

Patient: _____

Date: _____