

Glaser Dermatology
727 N. Broadway
Massapequa, NY 11758
Telephone (516) 799-0210
Fax (516) 799-0247

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received or reviewed a copy of
Glaser Dermatology's *Notice of Privacy Practices*.

I, _____, give Glaser Dermatology permission to discuss
any medical and/or billing inquiries regarding my account with the following individuals (please
print clearly):

_____ relationship: _____

_____ relationship: _____

_____ relationship: _____

I, _____, do not give Glaser Dermatology permission to
discuss any medical and/or billing inquiries with any individuals other than myself.

Signature of Patient/Guardian

Date

Relationship to patient/if signed by Guardian