

**Mid-Michigan Dermatology, PLLC
Notice of Privacy Practices Acknowledgement**

Mid-Michigan Dermatology, PLLC has permission to release/discuss any medical or insurance information to Spouse of the Patient and/or Parent(s) of the Patient.

Mid-Michigan Dermatology, PLLC has permission to leave a message on my answering machine for the following reasons:

Appointment Date and Time and/or Missed Appointments

Laboratory Results

Billing issues/balances

Prescription Information

Mid-Michigan Dermatology, PLLC requires a written request for copies of your medical record. There is a fee of \$21.20 plus \$1.06/page for copies of medical records. Mid-Michigan Dermatology, PLLC will try to expedite the delivery of your request however, has 30 days to comply with your request of a copy of your medical record.

I acknowledge I have read the above information and I have also received a copy of the Mid-Michigan Dermatology, PLLC Notice of Privacy Practices.

(Signature)

(Date)