



**T E X A S
DERMATOLOGY
& SKIN CANCER
C E N T E R**

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**NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____ have been offered a copy of the Texas Dermatology and Skin Cancer Center, PLLC’s Notice of Privacy Practices.

If you need a written privacy practice notice please ask us.

Signature: _____ **Date:** _____

Disclosure Statement

We intend to use and disclose PHI (Protected Health Information) in the following ways:

- 1) To contact you or leave messages for you regarding appointments;
- 2) To provide alternate treatment information;
- 3) To contact you or leave messages for you regarding test results;

By signing below you give us your permission to use and disclose your PHI in the above stated manner.

Please list the names and phone numbers, in preferential order, of the people we may contact:

- 1. _____
- 2. _____
- 3. _____

Signature: _____ **Date:** _____