



Stanley V. Schwartz, M.D.  
Laertes A. Manuelidis, M.D.

Anthony F. Fransway, M.D.  
Keith M. Benbenisty, M.D.

Kip C. Cullimore, M.D.  
Scott E. Crater, M.D.

Shari L. Skinner, M.D.  
Chetan Vedvyas, M.D.

### Acknowledgement of Receipt of Notice of Privacy Practices

I have been presented with a copy of Associates in Dermatology’s Notice of Privacy Practices.

Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignment of benefits apply.

May we mail to your home or other designated location any items that assist the practice in carrying treatment/healthcare operations, such as appointment reminders, insurance items, and lab results?

YES NO

May we leave a message with a **member of your household** regarding appointments, lab results, and insurance?

YES NO

If yes, whom: \_\_\_\_\_ Relationship \_\_\_\_\_

If yes, whom: \_\_\_\_\_ Relationship \_\_\_\_\_

May we leave a message on an **answering machine/voice message** regarding appointments, lab results, and insurance?

YES NO

If employed, may we contact you at your work place?

YES NO

I understand the contents of this Notice.

\_\_\_\_\_  
Patient or Legal Guardian Signature (If under 18 parent/legal guardian/relation to patient) Date

**Diplomates, American Board of Dermatology**

8381 Riverwalk Park Blvd #101 & #202 Fort Myers, FL 33919 – (239) 936-5425 – Fax (239) 936-3591  
14 North Del Prado Blvd #301 Cape Coral, FL 33909 – (239) 7721909 – Fax (239) 772-9742