

The Art and Science of Dermatology
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received from The Art and Science of Dermatology, P.C. a copy of a separate document, entitled, "Notice of Privacy Practices" which sets forth the privacy practices of The Art and Science of Dermatology, P.C. and my rights regarding privacy of my protected health information.

Name of Patient (printed)

Signature of Patient

Date

Signature of Patient Representative (Required if patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient: _____

Occupational Safety and Health Administration Guidelines
Virginia Law Required Notification

There are now Federal Laws to protect employees against exposure to contaminated blood. In our office we see patients who have procedures where the possibility exists of a needle stick to one of our employees.

All of our needles are disposable and are never used from patient to patient. However, it is possible that during the course of your treatment, the physician, practitioner, or her assistant may undergo a needle stick. In that instance, the needle is immediately disposed of, and further injections are completed with a new sterile needle. Therefore, any needle stick places ONLY THE EMPLOYEE AT RISK.

If any of our employees should be directly exposed to your blood or bodily fluids in a way that may transmit disease. Your blood will be tested for infection with human immunodeficiency virus (the "AIDS" virus), as well as for Hepatitis B and C. A physician or other health care provider will tell you the results of the test. Under Va. Code Sec 32.1-45.1(A), you are deemed to have consented to the release of the test results to the person exposed. Any questions regarding our policy should be directed to Dr. Allison Divers or any of the medical personnel.

With:

Virginia Code § 32.1-45.1

Deemed Consent To Testing And Release Of Test Results Related To Infection With Human Immunodeficiency Virus Or Hepatitis B Or C Viruses

Whenever any health care provider, or any person employed by or under the direction and control of a health care provider, is directly exposed to body fluids of a patient in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the patient whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such patient shall also be deemed to have consented to the release of such test results to the person who was exposed. In other than emergency situations, it shall be the responsibility of the health care provider to inform patients of this provision prior to providing them with health care services which create a risk of such exposure.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

Name of Patient (printed)

Signature of Patient

Date

Signature of Patient Representative (Required if patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient: _____