

# *Braddock Finnegan Helget Dermatology, P.C.*

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## **Privacy Notice Acknowledgement**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have received the Braddock Finnegan Helget Dermatology, P.C. Notice of Privacy Practices. (Note: My signature does not indicate that I have read, understood or agree with the Notice only that it has been provided or offered to me.)

**This section is to give Braddock Finnegan Helget Dermatology, P.C. permission to contact/disclose my health information to the following persons:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Tell us how we may contact you: (check all that apply)**

Home/Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_

Leave a message: Appointment Date and Time

Leave a message: Normal Test Results

Do not leave a message

**X** \_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Date