

## CHANGE OF ADDRESS

Today's Date: \_\_\_\_\_

**Patient Information:**

First	M.I.	Last	Date of Birth	<b>Circle One:</b> Male/Female
Address		City	State	Zip Code
Email Address				

**Contact Information:**

MAY WE LEAVE DETAILED MESSAGES  
(i.e. Appointments, billing, results, etc.)?

Home #: (____) _____	YES	NO	N/A
Mobile #: (____) _____	YES	NO	N/A
Work #: (____) _____	YES	NO	N/A
Would you like to receive Text Messages?	YES	NO	N/A

**Emergency Contact Information:**

May we Discuss your Health Care Information with the Person Listed Below?    YES    NO

First	M.I.	Last	Relationship	Contact Telephone #
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**Privacy Acknowledgment:**

- \_\_\_\_\_  
 Initials    **We are required to protect your privacy**  
 Our Notice of Privacy Policy (NPP) details your rights as a patient and how we may use and/or disclose your protected health information. Our NPP is available on our website and/or is furnished.
- \_\_\_\_\_  
 Initials    **We request all patients present a valid photo ID at each visit, unless we have it on file.**  
 Your cooperation with HIPAA requirement is designed to protect your identity from misuse.
- \_\_\_\_\_  
 Initials    **Patients may revoke or change any provided authorizations at any time.**  
 Please refer to our NPP for more details.

MAIN OFFICE

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 Suite 101  
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 tel 941.907.0222  
 fax 941.907.0493

OFFICES IN  
 BRADENTON  
 LAKEWOOD RANCH  
 SARASOTA

[ArsenaultDermatology.com](http://ArsenaultDermatology.com)