



**HIPAA Patient Confidentiality Form  
For Visitors, Students, Consultants and Business Associates**

Visitors, students, consultants and business associates to Skin Professionals West where patients are treated must sign this confidentiality agreement in compliance with HIPAA Privacy Law. You acknowledge with your signature you will protect personal health information of patients from being disclosed. You will not record, copy, release and disseminate protected patient health information you encounter at Skin Professionals West. You will keep all patient health information in confidence.

You acknowledge under Health Information Portability and Accountability Act (HIPAA) individually identifiable health information may be disclosed only with written permission of the patient. All discussions about patient medical conditions must be kept in a private setting. All medical records are to be accessed on an as needed basis.

By signing below you indicate you have read and agree to above policy.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_