

DOUGLASTON DERMATOLOGY

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NOTICE TO OUR PATIENTS

If your insurance plans (most HMO'S) require a referral from your Primary Care Physician, it is your responsibility to bring a VALID UNEXPIRED referral. No exceptions will be made.

If you have a plan we do not participate with, YOU MAY GO OUT OF NETWORK, but you will be responsible for your deductibles, co-insurance, and any services not covered within your plan.

Douglaston Dermatology reserves the right to modify the privacy practices outlined in the notice.

I have received a copy of the Notice of Privacy Practices for Douglaston Dermatology.

PRINT NAME

SIGNATURE

DATE

Signature of guardian if under 18

Under HIPPA REGULATIONS I need to give the Doctor permission to discuss my medical condition with

NAME OF INDIVIDUAL

RELATIONSHIP TO YOU

SIGNATURE OF PATIENT

DATE