Goodless Dermatology
Quality skincare for your entire family

CHANGE OF ADDRESS

Today's Date: _____

Patient Information:

First	M.I.	Last	Date of Birth	Circle One: ○ 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 #

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.

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