



## Complaints

If you believe your privacy rights as described in this Notice have been violated, you may file a complaint with the Practice at the following address or phone number:

Cypress Dermatology, PA  
Attention: HIPAA Officer  
27700 Northwest Freeway  
Suite 490  
Cypress, Texas 77433  
Phone: (281)- 895-3376

To file a complaint, you may either call or send a written letter. The Practice will not retaliate against any individual who files a complaint. You may also file a complaint the Secretary of the Department of Health and Human Services.

In addition, if you have any questions about this Notice, please contact the Practice’s HIPAA officer at the address or phone number listed above.

## Acknowledgement and Required Restrictions

By signing below, you acknowledge that you have received this *Notice of Privacy Practices* prior to any service being rendered to you by the Practice, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below.

I hereby request the following restrictions on the use and/or disclosure (specify as applicable) of my information:

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Patient Name: \_\_\_\_\_ (please print)

Patient Date of Birth: \_\_\_\_\_

## Signatures:

Patient/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If Legal Representative, relationship to Patient: \_\_\_\_\_

Witness (optional): \_\_\_\_\_ Date: \_\_\_\_\_