

# NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Dr. William M. Parsley, MD, PSC. dba Advanced Dermatology & Dermaesthetics of Louisville®

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications

I received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my PHI. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

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Patient Name or Legal Guardian

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Signature

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Date

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## PRACTICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement of the Notice of Privacy Practices Acknowledgement but was unable to do so as documented below:

Date:	Initials:	Reason:
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### THE PARSLEY WALDMAN HAIR CENTER

**DOWNTOWN LOUISVILLE**  
310 E. Broadway  
Suite 200  
Louisville, KY 40202  
**502-585-5249**

**CITY OF LAGRANGE**  
1023 New Moody Ln.  
Suite 202  
LaGrange, Kentucky 40031  
**502-222-3415**

**NORTON COMMONS**  
10619 Meeting St.  
Suite 106  
Prospect, KY 40059  
**502-326-2622**

**FRANKFORT**  
103 Diagnostic Dr.  
Frankfort, KY 40601  
**502-223-3434**

**DIXIE HIGHWAY OFFICE**  
5129 Dixie Highway  
Suite 205  
Louisville, KY 40216  
**502-709-4940**