

# COSMETIC SURGERY & DERMATOLOGY OF ISSAQUAH, INC.

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## Pertinent Patient & Practice Information

We keep a record of the healthcare services we provide to you. Our Notice of Privacy Practices & Patient Rights & Responsibilities, which you will receive, describes in detail practice policies and protocols, how your health information may be used and disclosed, and how you can access your healthcare information. You may access this document as well as other documents on our website at [www.drnichalak.com](http://www.drnichalak.com).

**Cosmetic Surgery & Dermatology of Issaquah, Inc., is solely owned and operated by Victor R. Michalak, M.D.**

Do you have an Advance Directive?  Yes  No

If yes, would you like a copy of your Advance Directive in your medical file?  Yes  No

This practice does not honor Advance Directives but if a copy of your Advance Directive is on file with our practice it would be provided to the hospital in the event you needed to be transferred. If you wish to create an Advance Directive contact your Primary Care provider to assist you with the required documents.

### Consent to Leave Messages

Leave a message regarding my upcoming office visit or account information or my care on my Voice Mail or with someone at my residence  Yes  No

I authorize Cosmetic Surgery & Dermatology of Issaquah, Inc. to disclose information and/or review my care with:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Please provide us with the **name and phone number** of your **Preferred Pharmacy**

\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Phone Number

**Signature below acknowledges your receipt of Notice of Privacy Practices, Patient Rights & Responsibilities and your consent to the above information.**

\_\_\_\_\_  
Signature (This form will be retained in your Medical Record)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date