

Notice of Nondiscrimination

Derick Dermatology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Derick Dermatology does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Derick Dermatology:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact Ashley Mayerck at 847-381-8899 x1147

If you believe that Derick Dermatology has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Ashley Mayerck, Civil Rights Coordinator in person, or via mail, fax or email at:

Derick Dermatology
Attn: Civil Rights Coordinator
1531 S. Grove Ave. Suite 101
Barrington, IL 60010

Phone: 847-381-8899 x1147
Fax: 847-381-8999
Email: CRC@derickdermatology.com

If you need help filing a grievance, Ashley Mayerck, our Civil Rights Coordinator, is available to assist you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave, SW
Room 509F, HHH Building
Washington D.C. 20201
Phone: 800-368-1019 / 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 847-381-8899.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 847-381-8899.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 847-381-8899。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 847-381-8899.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (847) 381-8899 (TTY: 847-381-8899)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 847-381-8899

Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo (847) 381-8899. (TTY: 847-381-8899)

Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para (847) 381-8899. (TTY: 847-381-8899)

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 847-381-8899.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 847-381-8899.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 847-381-8899.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 847-381-8899.

XIYYEEFFANAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 847-381-8899.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 847-381-8899.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 847-381-8899.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。847-381-8899, 访问代码

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 847-381-8899.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 847-381-8899.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistentă lingvistică, gratuit. Sunați la 847-381-8899.

Summary and Signature

- I understand that I am consenting to electronically sign all documents.
- I understand that my electronic signature is considered the legal equivalent of my manual signature.
- I understand that I have the right to request printed copies of all electronically signed documents.
- I understand that I have the right to receive these documents in paper form.
- I understand that I have the right to consult with my provider prior to signing my consent forms.
- I have read my consent forms carefully, and I understand their contents including the following:
 - Description of proposed treatment
 - Risks and possible complications
 - Limitations of treatment
 - Contraindications and warnings
 - Alternative treatments
 - The risks of refusing treatment
 - Financial considerations
- I have no additional unanswered questions regarding my consent forms.
- I understand that there is no guarantee of a perfect result or cure.
- I voluntarily request that my provider perform the treatments described in my consent forms.

Patient Name: _____ Birth Date: _____

Signature: _____ Date: _____

Medical Record #: _____

Witness: _____ Date: _____