

**From:** [Tammy Spivey](#)  
**To:** [WHDPRAComments](#)  
**Subject:** Notice of Eligibility and Rights & Responsibilities  
**Date:** Thursday, September 05, 2019 10:31:30 AM

---

Hello,

I would like to see a signature line for employees to sign and date on the Notice of Eligibility and Rights & Responsibilities. I would like their signature on this form to verify that this document was explained to them and they had an opportunity to ask questions if they didn't understand any part of it. Thank you for this opportunity to respond.

**Tammy Spivey, PHR, SHRM-CP**  
**HR Manager**  
**Dermatology Associates of Kentucky, P.S.C.**  
**250 Fountain Court**  
**Lexington, KY 40509**  
**Phone (859)977-2295**  
**Fax (859)977-2301**

**NOTICE OF CONFIDENTIALITY:** The information contained in this email correspondence belongs to Dermatology Associates of Kentucky, P.S.C. and may include information that is confidential, privileged and exempt from disclosure under applicable law (including HIPAA – the Health Insurance Portability and Accountability Act). It is intended only for the use of the individual or entity named in the email correspondence. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution or the taking of any action in relation to this information is strictly prohibited. If you received this correspondence in error, please immediately contact the sender of the error and dispose of the email correspondence.