



Receipt of Notice of Privacy Practices Written Acknowledgement Form

Advanced Dermatology Skin and Surgery Center, PLLC

I am a patient of Advanced Dermatology Skin and Surgery Center, PLLC. I hereby acknowledge receipt of Advanced Dermatology Skin and Surgery Center's Notice of Privacy Practices.

Name [please print]: _____

Signature: _____

Date: _____

OR

I am a parent or legal guardian of _____ [patient name].

I hereby acknowledge receipt of Advanced Dermatology Skin and Surgery Center's Notice of Privacy Practices with respect to the patient.

Name [please print]: _____

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____