Advanced dermatology & skin care

Receipt of Notice of Privacy Practices *Written Acknowledgement Form*

I am a patient of _____. I hereby acknowledge receipt of Advanced Dermatology and Skin Care'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 and Skin Care's Notice of Privacy Practices with respect to the patient.

Name [please print]: _____

Relationship to Patient: ☐ Parent ☐ Legal Guardian

Signature: _____

Date: _____