

DERMSPECIALISTS

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I, _____, have received and read a copy of DermSpecialists' Notice of Privacy Practices.

SIGNATURE OF PATIENT OR LEGAL GUARDIAN

DATE

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

_____ Date	_____ Reason	_____ Initials
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