

@AdvancedSk.in
_____ and Laser Center

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from Advanced Skin & Laser Center. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the Notice is changed, you may obtain a revised copy by visiting our website at www.advancedskinlaser.com or on request from our staff.

Signature of Patient or Parent/ Guardian

Date

Print Name of Patient or Parent/ Guardian

Relationship to Patient

Date

Practice Employee

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained due to the following:

- Individual waived signature
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement

Other: _____

For Office Use Only

I acknowledge receipt of the Notice of Privacy Practice from Advanced Skin & Laser Center.