

## Receipt of Notice of Privacy Practices

I am a patient of Robbins Dermatology, P.C.

I hereby acknowledge receipt of Robbins Dermatology'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 Robbins Dermatology's Notice of Privacy Practices with respect to the patient.

Name [please print]: \_\_\_\_\_

Relationship to Patient:  Parent  Legal Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_