



## Acknowledgment of Receipt of Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in **Associated Skin Care Specialists, P.A.**'s Notice of Privacy Practices. **Associated Skin Care Specialists, P.A.** is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request.

**By signing below, you are acknowledging that you have received a copy of Associated Skin Care Specialists, P.A. Notice of Privacy Practices.**

Patient Name: \_\_\_\_\_

Patient Representative: \_\_\_\_\_

If signed by Patient Representative, state authority to act on behalf of patient:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_