

Notice of Privacy Practice (HIPAA)

Notice of Privacy Practice (HIPAA): It is Associated Skin Care Specialists, P.A. policy to strive to comply with all state and federal laws regarding patient privacy. I acknowledge that I have been offered a copy of ASCS's Notice of Privacy Practices. I have the right to receive a copy of these privacy practices at any time upon request.

Signature Patient/Other: _____ Date: _____

Print Name: _____ Relationship to Patient: _____
