

Notice of Privacy Rights Receipt Acknowledgment



Please fill out this form and bring it with you to the SkinPros office.

Thank you for choosing Skin Pros for your healthcare needs. We are required by law to provide you with a copy of our Notice of Privacy Practices. To ensure our records are accurate, please sign this form and return it to our receptionist to acknowledge that you have been provided with a copy of our Notice.

Signature of Patient (or Legal Representative) Date

Signature of Staff Member Title Date

Comments
