



# VALLEY DERMATOLOGY SPECIALISTS

## RECEIPT OF NOTICE PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I hereby acknowledge that I received the Notice of privacy Practices from Valley Dermatology Specialists which sets forth the ways in which my personal health information may be used or disclosed by Valley Dermatology Specialists and outlines my rights with respect to such information.

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

Printed Name: \_\_\_\_\_

(Parent/guardian authorizes and signs on behalf of \_\_\_\_\_ (name of minor)