

Coastal Dermatology & Medspa

Receipt of Notice of Privacy Practices Written Acknowledgement Form

I am a patient of *Coastal Dermatology & Medspa*. I hereby acknowledge receipt of *Coastal Dermatology & Medspa's* Notice of Privacy Practices.

Name and Date of Birth [please print]: _____

Signature: _____

Date: _____

OR

I am a **parent or legal guardian** of _____ **[patient name]**. I hereby acknowledge receipt of *Coastal Dermatology & Medspa's* Notice of Privacy Practices with respect to the patient.

Name [please print]: _____

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____