

**AMARILLO DERMATOLOGY  
RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

NPP Effective date: 9/1/13

I am a patient of Amarillo Dermatology. I hereby acknowledge receipt of Amarillo Dermatology's Notice of Privacy Practices. I am aware the notice is posted in the office and that I may request a paper copy of the notice if I wish to have one. I am aware that any individuals that I choose to accompany me into the exam room will have access to my protected health information.

Name (please print): \_\_\_\_\_

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

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

**OR FOR A MINOR PATIENT OR PATIENT WITH LEGAL GUARDIAN:**

I am a parent or legal guardian of \_\_\_\_\_ (patient name). I hereby acknowledge receipt of Amarillo Dermatology's Notice of Privacy Practices with respect to this patient. I am aware the notice is posted in the office and that I may request a paper copy of the notice if I wish to have one. I am aware that any individuals that I choose to accompany me and the patient into the exam room will have access to the patient's protected health information.

Your Name (please print): \_\_\_\_\_

Your Relationship to the patient:     Parent         Legal Guardian

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

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