DERMATOLOGY ASSOCIATES, P.A.

Acknowledgment of Receipt of our Notice of Privacy Practices

Dermatology Associates, P.A.'s *Notice of Privacy Practices* has been provided to me for review.

I understand that the purpose of this notice is to inform me of my rights in regard to my Protected Health Information and also the ways in which Dermatology Associates, P.A., may use my Protected Health Information.

_____ _____

Patient (or Patient's Legal Representative) Signature Date

_____ _____ _____

Patient Name Chart # Date

CROSS CREEK MEDICAL PARK
28 MEDICAL RIDGE DRIVE
GREENVILLE, SC 29605
(864) 271-7440
FAX: (864) 271-6001

TheDermDocs.com

BUTLER CROSSING PROFESSIONAL PARK
317 TANNER ROAD
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(864) 627-8911
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