

Dermatology Boutique

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Thank you for choosing Dermatology Boutique for your healthcare needs.

We are required by law to provide you with a copy of our Notice of Privacy Practices. To ensure that 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/Legal Representative)

Date

Signature of Staff Member

Title

Date

No Recording -- to Ensure Patient Privacy

To ensure the privacy of all my patients' information, I wanted to make you aware that I do not allow patients to do video or audio recording in my office or in exam rooms. This includes digital recordings with smartphones.

This protects the privacy of all my patients and staff, in compliance with federal and state privacy laws.

Comments: