



Burkhart
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Dermatology

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Written Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our Practice Manager.

I, _____ have received a copy of Burkhart Pediatric & Adolescent Dermatology's Notice of Privacy Practices.

Signature: _____

Relationship to Patient: _____

Patient Printed Name: _____ DOB: _____