

**Acknowledgment of Receipt of the
Notice of Privacy Practices**

I hereby acknowledge that I have received a copy of the Nigro Dermatology Group's Notice of Privacy Practices.

Print patients name

Signature of Patient

Date

I give my permission to share my medical info with:

Spouse

Other _____

For Office Use Only

Patient was given a copy of The Nigro Dermatology Group's Notice of Privacy Practices but refuses to sign the acknowledgement.

Print Employee's Name

Signature of Employee

Date