

# Atlanta Center For Dermatologic Diseases, P.C.

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## Acknowledgement of Receipt of Privacy Practices

I, \_\_\_\_\_ have received a copy of Atlanta Center for Dermatologic Diseases, P.C. Notice of Privacy Practices.

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Date

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Print Name of **Patient**

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Signature

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Account Number

### **Office Use Only**

On date \_\_\_\_\_ at \_\_\_\_\_ (AM/PM) we made a good faith attempt to obtain a written acknowledgement of receipt of our NPP, but acknowledgement could not be obtained because of the following reasons:

- Patient refused to sign
- Communication barriers prevented obtaining a receipt
- An emergency prevented obtaining a receipt
- Other: \_\_\_\_\_