



Carolina Dermatology, LLC

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Acknowledgement of Receipt
of Notice of Privacy Practices

Patient Name: _____

Address: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

An emergency existed & a signature was not possible at the time.

The individual refused to sign.

A copy was mailed with a request for a signature by return mail.

Unable to communicate with the patient for the following reason:

Other: _____

Prepared by: _____

Signature: _____

Date: _____