



Diplomats of the American Board of Dermatology  
General, Surgical and Cosmetic Dermatology

Shavano Commons Business Park

Helotes Country Village

Westover Hills

## Receipt of Notice of Privacy Practices

I am a patient of Dermatology San Antonio; I hereby acknowledge receipt of Dermatology San Antonio's Notice of Privacy Practices.

Print Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Patient)

Signature: \_\_\_\_\_  
(Patient)

**OR**

I, am a parent/legal guardian of \_\_\_\_\_, and hereby acknowledge receipt of Dermatology  
(Patient)

San Antonio's *Notice of Privacy Practices* with respect to the patient.

Print Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
(Parent or Legal Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Parent or Legal Guardian)