

Dermatology & Skin Cancer Center of Georgia, PC Georgia Dermasurgery Centers, Inc

ACKNOWLEDGEMENT OF PATIENT PRIVACY PRACTICES

I understand that Dermatology & Skin Cancer Center of Georgia, PC Georgia Dermasurgery Centers, Inc has a responsibility to protect patient privacy. To do that, the practice strives to keep patient information confidential and to safeguard the privacy of patient information.

I understand that Dermatology & Skin Cancer Center of Georgia, PC Georgia Dermasurgery Centers, Inc has the authority to use and disclose private health information to carry out treatment, payment and healthcare operations.

By signing this form, I acknowledge that I have been provided with the right to review Dermatology & Skin Cancer Center of Georgia, PC Georgia Dermasurgery Centers, Inc's Notice of Privacy Practices and have been informed that I may obtain a copy upon request.

I further understand that Dermatology & Skin Cancer Center of Georgia, PC Georgia Dermasurgery Centers, Inc reserves the right to change their Notice of Privacy Practices. Should Dermatology & Skin Cancer Center of Georgia, PC Georgia Dermasurgery Centers, Inc change its notice, I may obtain a revised copy by contacting the office.

Print Name

Signature

Date