SUMMIT
SKIN & VEIN CARE
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Lee's Summit, MO 64064
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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* for Summit Skin and Vein Care. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full. If you have any questions / concerns about any part of this notice, please contact us by mail or by phone at our main phone number.

I acknowledge receipt of the *Notice of Privacy Practices* of Summit Skin and Vein Care.

_____ _____
Signature of Patient of Representative (if patient is under 18) Date

_____ _____
Print Patient Name Date of Birth

INABILITY OR DECLINE OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Summit Skin and Vein Care will make a good faith effort to provide a *Notice of Privacy Practices* to the individual. If the patient is unwilling or declines a *Notice of Privacy Practices*, Summit Skin and Vein Care will document its good faith efforts.

☐ Patient declined copy of *Notice of Privacy Practices* of Summit Skin and Vein Care

☐ Other (specify) _____

_____ _____
Patient Signature Date