

7070 E Drive North
Battle Creek, MI 49014

2121 Spring Arbor Road
Jackson, MI 49203

555 W. Crosstown Pkwy., Suite 101
Kalamazoo, MI 49008

DERMATOLOGY & SKIN SURGERY CENTER

**Receipt of Notice of Privacy Practices
Written Acknowledgment Form**

I, _____, have received a copy of
(Patient Name - Please Print)

DERMATOLOGY & SKIN SURGERY CENTER'S Notice of Privacy Practices.

Signature of Patient or Parent/Guardian

Date

On _____, 20____, _____
Date Staff Member's Name

presented this Acknowledgment of Receipt of Notice of Privacy Practices Form to

Patient's Name (Please print)

The patient refused to provide a signature when requested.