

McClerklin Skin & Laser Center

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Fellow, American Board of Dermatology

Dermatologic Surgery & Laser Surgery
Diseases and Surgery of the Skin, Hair and Nails

Acknowledgment 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 attain a written acknowledgment of receipt of the Notice of Privacy Practices because:

- An emergency existed and was not possible at that time
- The individual refused to sign
- A copy was mailed with a request for signature by mail
- Unable to communicate with the patient for the following reason:

- Other: _____

Prepared by _____
Signature _____
Date _____