SKIN and CANCER CENTER of Arizona

An Established Tradition of Medical Excellence

200.007 Patient Acknowledgment of Receipt of Notice of Privacy Practices

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Patient Name _____ Date of Birth:_____

I acknowledge that I have been provided the Skin and Cancer Center of Arizona's ("Practice") Notice of Privacy Practices ("Notice"):

- It tells me how Practice will use my health information for the purposes of my treatment, payment for my treatment and Practices health care operations
- The Notice explains in more detail how Practice may use and share my health information for other than treatment, payment and health care operations.
- Practice will also use and share my health information as required/permitted by law.

_____ _____

Signature of Patient or Personal Representative Date

_____ _____

Name of Patient or Personal Representative Address

_____ _____

Description of Personal Representative's Authority Telephone