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Acknowledgement of Receipt of Notice of Privacy Practices

Strother Dermatology and Laser Treatment Center, PLLC
Michele Shapiro, Administrator, Privacy Officer (425) 899-4144

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

I would like to receive a copy of any amended Notice of Privacy Practices by

email at: _____.

Signed: _____ Date: _____

Print Name: _____

Telephone: _____

If not signed by the patient, please indicate relationship:

- ☐ parent or guardian of minor patient
- ☐ guardian or conservator of an incompetent patient

Name and Address of Patient: _____

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