

## **NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

The Lupo Center for Aesthetic and General Dermatology is required by law to maintain the privacy of my health information and provide me with a notice of its legal duties and privacy practices with respect to my information. I may request the most current copy of this notice at any time and The Lupo Center reserves the right to revise this notice at any time.

By signing below, I acknowledge that a copy of the Notice of Privacy Practices was made available to me.

---

Print Name of Patient

---

Date

---

Signature of Patient or Legal Guardian