



Farmington Valley Dermatology and Surgery, LLC
120 Simsbury Road, Suite A
Avon, CT 06001

Acknowledgement of Receipt of NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge that I have received on the behalf of
(please print your name)

_____ a copy of Farmington Valley Dermatology’s Notice of Privacy Practices.
(please print patient’s name)

My relationship to the patient is _____.

Signature of Representative

Date

OFFICE USE ONLY

Patient give Privacy Notice, However:

Patient parent/guardian refused or did not sign the Acknowledgement form