

# NorCal Dermatology and Cosmetic

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## Receipt of Notice of Privacy Practices Written Acknowledgement Form

I hereby acknowledge receipt of NorCal Dermatology and Cosmetic's Notice of Privacy Practices.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Or:**

I am a parent or guardian of \_\_\_\_\_ (patient name)  
I hereby acknowledge receipt of NorCal Dermatology and Cosmetic's Notice of Privacy Practices with respect to the patient.

Name (please print) \_\_\_\_\_

Relationship to Patient:  Parent     Legal Guardian     other \_\_\_\_\_  
Please specify

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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