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<p style="text-align: center;">ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES</p>
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Thank you for choosing **The Dermatology Center of Raleigh, P.A.** for your healthcare needs.

We are required by law to provide you with a copy of our Notice of Privacy Practices. To ensure that our records are accurate, please sign this form and return it to our receptionist to acknowledge that you have been provided with a copy of our Notice.

Signature of Patient (or Legal Representative)

Date

Signature of Staff Member

Title

Date

Comments: