

COMPREHENSIVE



DERMATOLOGY  
& FACIAL PLASTIC SURGERY, PLC

ERICA MAILLER-SAVAGE, MD, FAAD  
Board-certified Dermatologist  
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## Receipt of Notice of Privacy Practices Written Acknowledgement Form

Comprehensive Dermatology & Facial Plastic Surgery

I am a patient of Comprehensive Dermatology & Facial Plastic Surgery. I hereby acknowledge receipt of Comprehensive Dermatology & Facial Plastic Surgery's Notice of Privacy Practices.

Name [please print]: \_\_\_\_\_

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

Date: \_\_\_\_\_

OR

I am a parent or legal guardian of \_\_\_\_\_ [patient name]. I hereby acknowledge receipt of \_\_\_\_\_'s Notice of Privacy Practices with respect to the patient.

Name [please print]: \_\_\_\_\_

Relationship to Patient:  Parent  Legal Guardian

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

Date: \_\_\_\_\_