



"Comprehensive Family Skin Care"

• Medical • Surgical • Cosmetic

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Angela Yen Moore, M.D.
Board Certified Dermatologist by the American Board of Dermatology
Board Certified Dermatopathologist by the American Board of Medical Specialties

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided the ARLINGTON CENTER FOR DERMATOLOGY (ACD) Notice of Privacy Practices ("Notice"):

- It tells me how ACD will use my health information for the purposes of my treatment, payment for my treatment, and ACD's health care operations.
- The Notice explains in more detail how ACD may use and share my health information for other than treatment, payment, and health care operations.
- ACD will also use and share my health information as required/permitted by law.
- As an ACD PATIENT receiving ACD health services, I consent to ACD using and disclosing my treatment records maintained by ACD for the purposes detailed in ACD's Notice of Privacy Practices.

Patient's Complete Legal Name: _____
(Please print)

Patient's DOB: _____

Signature: _____
(Patient or legal representative*)

Date: _____

* May be requested to show proof of representative status