

Receipt of Notice of Privacy Practices

Adult Acknowledgement of Privacy Practices

Bernstein & Robinson Dermatology, P.A.

I am a patient of Dr. Benjamin Bernstein / Dr. Howard Robinson / Jennifer Abbott, PA-C / Benjamin Farkas, PA-C.

I hereby acknowledge receipt of Bernstein & Robinson Dermatology's Notice of Privacy Practices.

Name (please print): _____

Signature: _____

Date: _____