



**JUNIPER**

DERMATOLOGY

Tel 512-808-4777 Fax 512-808-4779  
3801 N Capital of Texas Hwy, Suite J225  
Austin, Texas 78746  
[www.juniperderm.com](http://www.juniperderm.com)

**Receipt of Notice of Privacy Practices Written Acknowledgement Form**

I am a patient of Juniper Dermatology. I hereby acknowledge receipt of Juniper Dermatology'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: \_\_\_\_\_