

**REED DERMATOLOGY CLINIC, P.A.**

1870 North Center Street

Hickory, NC 28601

(828) 322-7546

**ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_, have received a copy of Reed  
*Patient's name*

Dermatology's Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date