

**Dr Ken Landow
10080 Alta Dr #120
Las Vegas, NV 89145**

Acknowledgment of Receipt of Notice of Privacy Practices

Dr Ken Landow Dermatology reserves the right to modify the privacy practices outlined in this notice.

I have reviewed or received a copy of the Notice of Privacy.

Name of Patient (please print)

Signature of Patient

Date

Extended Authorization Option:

Please list any persons you would like to authorize to have access to your billing, appointment or health information such as your spouse, caretaker or other family member:

Name

Relationship

If Patient is a Minor:

Signature of Patient Representative (required if patient is a minor or an adult who is unable to sign)

Relationship of Patient Representative to Patient