



B a h r D e r m a t o l o g y  
460 S. 200 W  
Bountiful, UT 84010

**Notice of Privacy Practices  
Written Acknowledgement Form**

As a patient of Bahr Dermatology, I hereby acknowledge receipt of or access to Bahr Dermatology's Notice of Privacy Practices.

Name: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If other than the patient:**

As a parent or personal representative of \_\_\_\_\_, I hereby  
Patient Name

acknowledge receipt of or access to Bahr Dermatology's Notice of Privacy Practices with respect to this patient.

Name \_\_\_\_\_  
Please Print

Relationship to Patient:  Parent  Legal Guardian  Personal

Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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