

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

**For the medical practice of:**

Dermatology and Aesthetics, Inc, Robert S. Dye, MD and Associates,  
29525 Canwood Street  
Suite 219  
Agoura Hills, CA 91301

**To Contact Privacy Officer, Call 818.865.8133**

I hereby acknowledge that a copy of this medical practice's Notice of Privacy Practices has been made available to me and I have read it or if I have not, that I have been offered to review and read such Notice of Privacy Practices policy. I further acknowledge a copy of the current Notice of Privacy Practices is posted in the reception area made available for my review and the Notice and any Amendments thereto will be available at any further appointments that I have with this medical practice.

If I so desire, I understand that I have the right to receive a copy of any amended Notice of Privacy Practices sent to me by mail or email and will contact this medical practice to make a request for the same if I so desire.

I understand and accept that this office routinely calls their patients in order to remind them about upcoming appointments and that often a message to that effect will be left on the patient's voicemail.

It may be further necessary to contact me by phone to provide me with medical information.  
Please attempt to call me at the following number(s):

\_\_\_\_\_

Phone number

\_\_\_\_\_

Phone number

( ) I hereby authorize you to leave messages, including lab results or other medical information, on an answering device or with another person who answers the phone at the phone number(s) I have provided.

( ) Please do NOT leave messages (other than appointment reminders or messages asking me to return the call to the medical office) unless you are speaking with me.

( ) Other Instructions (please write legibly):

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**If not signed by patient, please state relationship to patient):** \_\_\_\_\_