



**RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT FOR RELEASE AND USE OF  
CONFIDENTIAL INFORMATION Effective date February 1st, 2018**

I have received, understand and consent to this practice's Notice of Privacy Practices as written. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices. If changes to the policy do occur, this practice will provide me a revised Notice of Privacy Practices upon my request.

I ACKNOWLEDGE AND AGREE THAT NO AMENDMENT TO THIS FORM IS PERMITTED. I MAY REQUEST AMENDMENTS TO MY MEDICAL RECORDS IN ACCORDANCE WITH STATE AND FEDERAL LAW AND REGULATION

With this consent, MD Aesthetics and Dermatology, LLC or our agents may call my home, cell or other alternative location and leave a message on voicemail or in person, including but not limited to, appointment reminders, billing items and any calls pertaining to my care.