

BAKERSFIELD DERMATOLOGY & SKIN CANCER MEDICAL GROUP  
5101 COMMERCE DRIVE SUITE 101  
BAKERSFIELD, CA 93309  
661-327-3756

**HIPAA NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGMENT OF RECEIPT**

Printed Patient Name: \_\_\_\_\_  
Patient Date of Birth: \_\_\_\_\_  
Chart Number: \_\_\_\_\_

Bakersfield Dermatology & Skin Cancer Medical Group is required by law to maintain the privacy of and provide individuals with the attached Notice of our Legal Duties and privacy practices with respect to protected health information. If you would like a copy of this Notice, please ask.

I hereby acknowledge that I have received and reviewed the HIPAA Notice of Privacy Practice document.

\_\_\_\_\_  
Signature of patient or patient's representative/parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of patient or patient's representative/parent

\_\_\_\_\_  
Relationship to patient

08/2013

BD044c