Alexis Dougherty, Inc CaSkin2016@gmail.com 805-687-5538

Signature below is acknowledgement that you have received a Notice of our Privacy Practices:

Print Name _____ Signature _____

Please list below with whom we may speak regarding your personal health information. You may leave this area blank if you do NOT want us to share your information with anyone else.

Print Name _____ Print Name _____

Patient Signature _____ Date _____