



*MedSpa Day Spa*  
& RANDALL DERMATOLOGY



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### **ACKNOWLEDGMENT OF PRIVACY PRACTICE NOTICE**

I, \_\_\_\_\_, have received a copy of  
MedSpa Day Spa and Randall Dermatology's Notice of Privacy Practices and/or  
declined a copy of the Notice of Privacy Practices.

X \_\_\_\_\_  
Patient (or Legal Guardian) Signature

\_\_\_\_\_  
Date

**MEDSPA DAY SPA & RANDALL DERMATOLOGY**

RECEIVE COPY PER REQUEST

