



Hemet Dermatology Inc

720 EAST LATHAM AVENUE, SUITE 1, HEMET, CALIFORNIA 92543-4395
TELEPHONE 951-658-9461, FAX 951-652-7103
www.hemet-dermatology.com

Name of Patient _____

Phone Number _____

Do you have an answering machine? Yes No

Is it all right to leave a message? Yes No

Would you like us to use your cell phone to contact you? Yes No

Cell Phone Number () _____

Is it all right to leave a message for you with anyone other than yourself at;

Home Yes No

Work Yes No

Other _____

I hereby acknowledge that I have been presented with a copy of the Notice of Privacy Practices for the office of John F. Emmel, M.D. and Steve S. Oberemok, M.D.

Signature _____
 Patient Parent Guardian

Date _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited us from obtaining the acknowledgment.
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify) _____