

Michelle G. Ashley, M.D.
12304 Santa Monica Blvd. Suite 213
Los Angeles, CA 90025
(310) 582-5223

Notice of Privacy Practices

Receipt and Acknowledgment of Notice

Name: _____

DOB: _____

I have been provided a copy of the Notice of Privacy Practices for Michelle G. Ashley, M.D. with an effective date of September 7 2010.

If I have any questions regarding the Notice or my privacy rights, I can contact Michelle G. Ashley, M.D. at 12304 Santa Monica Blvd., Suite 213, Los Angeles, CA 90025 or (310) 582-5223.

Patient's Signature: _____ Date: _____

Guardian or Personal Representative's Signature: _____ Date: _____

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).