

**ACKNOWLEDGMENT
RECEIPT OF PRIVACY NOTICE**

I hereby acknowledge that I have received a copy of The Plastic Surgery Clinic's Notice of Privacy Practices, effective April 10, 2003.

Patient's Printed Name

Signature of Patient

Date

Or

Patient Representative

Relation to Patient

Date

**Return this page and keep all attachments for your records.
Original copy will be placed in patient's permanent medical record.**