



PF-2000

Acknowledgement of Receipt of Notice of Privacy Practices

Associated Plastic Surgeons, P.C. reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for Associated Plastic Surgeons, P.C.

Printed Name of Patient

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient