



NOTICE OF PRIVACY PRACTICES

Dear Patient:

Welcome to Plastic Surgery Consultants, LLC. We wanted you to know that we are required by federal law to give you the following document. It is called a Notice of Privacy Practices. We are also required to have you sign our consent form because it contains a written acknowledgement that you have received this document. We realize this document is long so we have provided an index of this notice, which describes how we use and disclose medical information and how you can get access to this information. Please read it carefully.

Thank you again for being our patient. Please do not hesitate to contact us if you have any questions.

I have received a copy of the HIPAA Privacy Notice of Plastic Surgery Consultants, LLC.

Signature

Date

Witness

Date