



NOTICE OF PRIVACY PRACTICES AND MEDICAL RECORDS

Dear Patient:

Welcome to Plastic Surgery Consultants, LLC. We want 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 extensive, 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.

Pertinent medical records may be electronically faxed to another physician's office at no charge to the patient. Medical records may be mailed or to the patient address on file via USPS or printed and handed to the patient or HIPAA approved patient representative at the state rate. Medical records provided for legal purposes will be provided at the same state rate. Please refer to the Medical Records Policy for details.

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

I have had an opportunity to review a copy of the HIPAA Privacy Notice and Medical Records Policy of Plastic Surgery Consultants, LLC.

Signature

Date

Witness

Date