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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY

I, _____ acknowledge that I received and reviewed the office Privacy Policy Notice for Facial Plastic & Reconstructive Surgery LLC.

Patient Signature

Date

In the case that you do not agree to sign this form, our office must indicate why you declined to do so. Reason for patient refusal:

() REFUSED

() COMMUNICATION BARRIER

() EMERGENCY

OTHER:

Employee Signature

Date