



Nicole Schrader, M.D., F.A.C.S.
Schrader Plastic Surgery
256 Bunn Drive, Suite A, Princeton NJ 08540
Phone: (609) 279-0009 Fax: (609) 454-3301

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