

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*This is an acknowledgement of receipt only.**

**I have received a copy of the Notice of Privacy Practices for Coastal Empire Plastic Surgery.**

\_\_\_\_\_  
**Name of Patient (please print)**

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Patient Representative**  
**(Required if the patient is a minor or is unable to sign this form)**

\_\_\_\_\_  
**Relationship of Patient Representative to Patient**

- 1. Can we call you at home?    Yes   or   No**
- 2. Can we leave a message for you at home?    Yes   or   No**
- 3. Can we call you at work?    Yes   or   No**
- 4. Can we leave a message for you at work?    Yes   or   No**
- 5. With whom may we discuss your medical condition:**

\_\_\_\_\_  
\_\_\_\_\_