Acknowledgement of <u>HIPPA Privacy Practice</u> for Williamsburg Plastic Surgery

We are required by law to maintain the privacy of and provide individuals with this notice of legal duties and privacy practice with respect to protected health information. If you have any objections to this form, please ask to speak to our HIPPA Compliance Officer in person or by phone at our main office number (757) 345-2275.

	Name			
Patient's Signature			Date	
_	· · · · · · · · · · · · · · · · · · ·	available to you, as a patient tion. Please circle yes or no a	t, for us to contact you regarding your health nd initial each option.	
		for all health information and service or machine.	d appointments and it is agreeable to me that a	
	YES	NO	Initials	
It is agreeable to nappointments.	ne that my health ca	re provider may contact me	by email regarding any health information and	
	YES	NO	Initials	
	My email addr	ess is:		
	ne for messages rega answer calls at my		mation and appointments to me left with family	
-				
•	YES	NO	Initials	
members that may If there are individ	uals that you absolu		ny information regarding your health and	