



ANDREW SMITH
M.D. F.A.C.S.
PLASTIC AND RECONSTRUCTIVE SURGERY

NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT

I acknowledge receipt of the NOTICE OF PRIVACY PRACTICES policy from Andrew D. Smith, M.D., Inc. The Notice of Privacy Practices is supplied in accordance with the Privacy Rule that in an integral part of the Health Insurance Portability and Accountability Act (HIPAA)

Signature

Date

Patient Name

Signor Relationship to Patient