

NOTIFICATION OF PRIVACY PRACTICES

The Notice of Privacy Practices for the office of Lakeview Plastic Surgery, LLC, is available for your review at the front desk, and on our website at www.lakeviewplasticsurgery.com. Should you wish to receive your own copy to take with you, please ask our receptionist. The Notice of Privacy Practices may change from time to time, and you are welcome to request a revised copy at your next visit, by telephone, by email, or by mail.

SECTION ONE - ACKNOWLEDGEMENT

I understand and acknowledge the Notice of Practice Practices for the office of Lakeview Plastic Surgery, LLC.

Patient Name

Date of Birth

Date

SECTION TWO – NOTIFICATION and EMERGENCY DESIGNEE

I give permission to Lakeview Plastic Surgery, LLC and staff to perform the following duties in an effort to maintain continuity of care:

- Confirm/revise my appointment times by calling my home, business, and any other designated phone number
- Leave a message of normal test results on my home answering machine or with a specified family member

The office personnel are authorized to contact the party listed below to discuss and handle my medial care in the event of an emergency, or to receive message information on my appointments and test results:

Designated Person

Contact Number

I understand the information provided to me in the Notice of Privacy Practices, and I have indicated my responses to the questions in each section.

Patient Signature

Date