

TODAY'S COSMETIC SURGERY & LASER CENTER, P.C.

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received the Notice of Privacy Practices

Patient or Representative Name (Print)

Date

Patient or Representative Signature

Date

Representative's Relationship to Patient

Date

Do we have your permission to leave an appointment message or other medical information via:

Answering machine YES NO

Office voice mail YES NO

Mail YES NO

Email YES NO

Please list family members or friends we are authorized to communicate with:

Local Pharmacy _____