

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

I acknowledge that I have received from GREATER MILWAUKEE PLASTIC SURGEONS, S.C. (the "Practice") a written Notice of Privacy Practices concerning the confidentiality of my protected health information. I acknowledge that the written Notice contains a description of how medical information about me may be used and disclosed and how I may access this information. I acknowledge that the Notice also contains:

- A description of the types of uses and disclosures that the Practice is permitted to make for treatment, payment or healthcare operations with and without my written authorization.
- A description of each of the other purposes for which the Practice is permitted to required to use or disclose PHI without my written authorization.
- A description of uses or disclosures that may be limited or prohibited by law.
- Descriptions that are in sufficient detail to make me aware of the uses or disclosures that are permitted or required by the federal privacy rules and other applicable laws.
- A statement describing my individual rights with respect to my health information and a description of how I may exercise this right.
- A statement describing the Practice's duties under the federal privacy law.
- A statement describing how I may express concern to the Practice and the Secretary of the federal Department of Health and Human Services if I believe my privacy rights have been violated.
- Information explaining how to contact the Practice for further information and the effective date upon which the Notice is first in effect.

I, the undersigned, acknowledge that I have received a written Notice of Privacy Practices from GREATER MILWAUKEE PLASTIC SURGEONS, S.C.

\_\_\_\_\_ (Signature of Patient or Personal Representative)      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print Patient Name)

If Personal Representative, describe relationship: \_\_\_\_\_

**For Office Use Only:**

The patient's condition prevents the individual from signing an acknowledgement at this time. It will be obtained as reasonable practicable after the patient's condition improves.

Acknowledgement was unable to be obtained.

Reason: \_\_\_\_\_