

COASTAL PLASTIC SURGERY

TODD W. ADAM, M.D., F.A.C.S.

NOTICE OF PRIVACY PRACTICES

Patient's Acknowledgement

I hereby acknowledge that I have been provided with the practice's **NOTICE OF PRIVACY PRACTICES** and that I have read and fully understand the notice. I have been provided the opportunity to ask questions about the notice and my questions have been answered to my satisfaction.

Patient Name: _____

Patient Signature: _____ **Date:** _____

Witness Name: _____

Signature of Witness: _____ **Date:** _____