

# 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:** \_\_\_\_\_