

**Abramson Facial Plastic Surgery & Rejuvenation Center
Privacy Policy Acknowledgement Statement**

I hereby acknowledge that I have been aware that Abramson Facial Plastic Surgery & Rejuvenation Center, has a Privacy Policy in place in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

As a patient of Abramson Facial Plastic Surgery & Rejuvenation Center, I understand and acknowledge the following:

1. Abramson Facial Plastic Surgery & Rejuvenation Center has a privacy policy in effect in the office.
2. Abramson Facial Plastic Surgery & Rejuvenation Center has made this policy available to me for review, by placing a complete version in a binder that resides in the waiting room or similar common area with patient access.
3. Abramson Facial Plastic Surgery & Rejuvenation Center has made me aware, that as a patient I am entitled to a copy of this Privacy Policy if I desire a copy for my personal file.

Upon your review of the above statements, please sign at the bottom acknowledging that you have been advised of the Privacy Policy implemented by Abramson Facial Plastic Surgery & Rejuvenation Center and have read and understand the acknowledgment form. If you desire a copy of the Privacy Policy, please request one at this time.

____ **No, do not want a copy** but I acknowledge the Privacy Policy exists

____ **Yes, I DO want a copy** of the Privacy Policy.

Patient Name:

Date: