

PLASTIC SURGERY INSTITUTE OF DAYTON, INC.

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have been given an opportunity to view Plastic Surgery Institute of Dayton, Inc. Notice of Privacy Practices, which is posted on www.daytonplasticsurgery.com.

In the event that surgery is performed in the PSI Surgery Center, LLC, I am aware that it is owned by Steven P. Schmidt, M.D., and Matthew Fox, M.D., and that it is a separate entity from Plastic Surgery Institute of Dayton, Inc.

Signature of Patient (or Guardian)

Date

Date revised: 9/2019