

PLASTIC SURGERY INSTITUTE OF DAYTON, INC.

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

I, _____, have been offered a copy of Plastic Surgery Institute of Dayton, Inc. Notice of Privacy Practices. 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

FOR OFFICE USE ONLY

We have made an effort to obtain written acknowledgment of receipt of our Notice of Privacy from this Patient, but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation, it was not possible to obtain an acknowledgment.
- We weren't able to communicate with the patient.
- Other (Please provide specific details)

Employee Signature

Date

Date revised: 12/2008