

NOTICE OF PRIVACY PRACTICES

Patient Acknowledgment Privacy Notice Receipt

My signature or my personal representative's signature, if applicable, acknowledge that I, the patient listed below, have received the Le Beau Visage Medical Spa Notice of Privacy Practices.

Patient Name: _____

Please Print

Patient Signature: _____ Date: _____

Personal/Legal Representative/Guardian Name (if applicable):

Please Print

Personal Representative Signature: _____

Date: _____

PLEASE RETURN THIS SHEET TO LE BEAU VISAGE MEDICAL SPA.