SALISBURY PLASTIC SURGERY
Dr Deborah Ekstrom
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Worcester, MA 01609
508-755-4825

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge that this Medical Practice has given you a copy of its Notice of Privacy Practices. This notice explains how your health information will be handled. HIPAA (Health Insurance Portability and Accountability Act), the new Federal law concerning medical privacy, requires this notice.

I have received a copy of the Notice of Privacy Practices. The Medical Practice has given me the opportunity to ask any questions about this notice and all my questions have been answered.

Patient's Name_____

Patient's or Guardian's Signature_____

Date Signed_____

Provider Use Only

If patient was not able to sign due to an emergency, or did not want to sign, please document if patient was given the notice and the reason why the patient did not sign below.

Patient was given the notice? _____Yes _____ No

Reason signature was not obtained? _____

_____

_____
Staff Signature Date Signed