

PLASTIC AND RECONSTRUCTIVE SURGERY, P.C.

DBA: Speirs Clinic for Plastic Surgery

1490 West Fillmore Street

Colorado Springs, CO 80904

RECEIPT of NOTICE of PRIVACY PRACTICES

Written Acknowledgement Form

I, (please print)

_____ acknowledge the “Notice of Privacy Practices” as required by the Privacy Regulations created as a result of the *Health Insurance Portability and Accountability Act of 1996* (“HIPAA”), by signing this form.

If desired, I have been provided a copy of such Notice.

Signature of Patient

Date