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NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGEMENT FORM

Our Notice of Privacy Practices (Notice) provides information about how we may use and disclose protected health information about you. You have the right to receive and review our Notice before signing this acknowledgement. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy.

By signing this form, you acknowledge that you have been informed of our uses and disclosures of protected health information about you for all of the purposes set out in our Notice.

By signing this form, you also acknowledge that a copy of our Notice has been provided to you, that you understand the contents of our Notice and how it applies to you, and that all of your questions regarding the contents of our Notice have been answered.

Please check yes or no to the questions below related to your Patient Information Sheet.

I may be contacted on my home phone number Yes No

I may be contacted on my work number Yes No

I may be contacted on my cell phone number Yes No

I may be contacted via email Yes No

When discussed with staff, photos may be emailed or mailed Yes No

Messages may be left with the following people _____

I may be contacted via mail at my home address Yes No

I may be contacted via email, or otherwise, for Marketing of products or services by
Aesthetic Plastic Surgery Associates, P.A.* Yes No

Patient Name

Date

Patient Signature

Witness

*This Notice is the written Authorization for Marketing, pursuant to 45 CFR 164.508(a)(3). Aesthetic Plastic Surgery Associates, P.A. receives financial remuneration from a third party in connection with some of the Marketing activities.