

Patient Name:
Patient DOB:



Acknowledgement of Receipt of Notice of Privacy Practices

I _____ acknowledge that I have received a copy of Tannan Plastic Surgery's Notice of Privacy Practices. This Notice describes how Tannan Plastic Surgery may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information and rights I may have regarding my protected health information.

Signature of patient

Date

Credit Card HIPAA Release

Tannan Plastic Surgery requires a signed release statement from you when a credit card is used to pay for a procedure. If there is ever a dispute with the credit card company regarding this transaction they will need to have the ability to provide personal information to that bank or credit organization. We value your privacy and will not release any protected health information to the credit card company unless those details are necessary to resolve a dispute.

Signature of patient

Date

Tannan Plastic Surgery

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