



COASTAL EMPIRE

*Plastic
Surgery*

*Advanced beauty solutions
with a caring touch*

Savannah, GA • 900 Mohawk St. • 31419

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

*This is an acknowledgement of receipt only.

I have received a copy of the Notice of Privacy Practices for Coastal Empire Plastic Surgery.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

1. Can we call you at home? Yes or No

2. Can we leave a message for you at home? Yes or No

3. Can we leave a message for you at work? Yes or No

4. With whom may we discuss your medical condition:

1. _____

2. _____