

## NOTICE OF PRIVACY PRACTICES

**This notice describes how medical/protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### SUMMARY

By law we are required to provide you with our Notice of Privacy Practices (NPP). This notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient you have the following rights:

1. The right to inspect and copy your information.
2. The right to request corrections to your information.
3. The right to request your information be restricted.
4. The right to request confidential communications.
5. The right to a report of the disclosures of your information.
6. The right to a paper copy of this Notice.

We want to assure that your medical/protected information is secure with us. This Notice contains information on how we ensure that your information remains private.

### Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have been offered a copy of this practice's Notice of Privacy Practices. I understand that if I have questions or complaints regarding my privacy rights that I may contact Ohio Clinic for Aesthetic and Plastic Surgery. I further understand that the practice will offer me updates to the Notice of Privacy Practices should it be amended, modified or changed in any way.

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Please Print Name

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Signature

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Date