



Acknowledgement of Patient Privacy

I have been informed of Kaufman & Davis Plastic Surgery Patient Privacy Practices. I am aware that this notice describes how medical information about patients may be used and disclosed and how I can get access to this information. I have been requested to review it carefully. I am aware that I have the right to a paper copy of this notice and may ask for a copy at any time. I may obtain a paper copy of this notice by asking the staff or writing to Kaufman & Davis Plastic Surgery.

I grant permission (if deemed necessary) for the use of any of my medical records including illustrations, photographs, or other imaging records created in my case for use in examination, testing, credentialing and/or certifying purposes by the American Board of Plastic Surgery, Inc.

I authorize Kaufman & Davis Plastic Surgery to take professional medical photographs before, during, or after any medical procedure. Additional consents will be requested to obtain permission for the use of any pre-operative, intra-operative, and post-operative photos.

Kaufman & Davis Plastic Surgery will not discuss medical information pertaining to my care with anyone other than myself. I will assume responsibility to notify Kaufman & Davis Plastic Surgery, in writing, if I need my information to be shared with anyone in particular.

Upon check-in for your consultation, a signature will be collected to acknowledge that you received this form and are aware of our policies.