BESANA
HEALTH & WELLNESS

Atagi Plastic Surgery and
Atagi Skin Aesthetics

Acknowledgement of Receipt of Notice of Privacy Practices:

I acknowledge that I have read and had the opportunity to receive a copy of The Notice of Privacy Practices for Protected Health Information ("The Notice") for the practice of Atagi Plastic Surgery and Atagi Skin Aesthetics.

Patient Name: _____

_____ _____
Patient (or Patient Representative*) Signature Date

****If Patient Representative, legal documentation must be included to show authority to sign or receive information.*