

Acknowledgement of Notice of Privacy Practices

Our Notice of Privacy Practices provides in information that we maintain about you. It a By signing, you acknowledge that you have Surgeons, Inc., P.S.	llso explains how you ca	n access this informa	ition.
Signature of Patient or Guardian	Date	Time	
Printed Name			

Effective: April 14, 2003 (Revised: September 23, 2013)