

Acknowledgement of Notice Of Privacy Practices/Financial Policy

Our Notice of Privacy Practices/Financial Policy provides information about how we may use and disclose the medical information that we obtain about you. It also explains how you can access this information.

By signing, you acknowledge that you have reviewed the Notice of Privacy Practices/Financial Policy of Proliance Surgeons, Inc., P.S.

Signature of Patient or Guardian

Date

Time

Printed Name

Effective: April 14, 2003 (Revised: November 6, 2018)