

Kevin Mayfield Plastic Surgery, LLC
8230 Beckett Park Drive, Suite B
West Chester, OH 45069

Notice of Privacy Practices
Version 2
Effective Date: April 14, 2003

Acknowledgement of Receipt

Kevin Mayfield Plastic Surgery, LLC, the office of Kevin B. Mayfield, M.D., respects your privacy and only uses or discloses your medical information when necessary, appropriate, required by law, or with your permission. Our Notice of Privacy Practices describes potential uses and disclosures of your health information by our practice and outlines your medical privacy rights. Please sign below and return this form to the receptionist.

I acknowledge that I have been provided with a copy of this notice.

Patient's Name: (please print)

Signature:

Name of Personal Representative (if applicable): (please print)

Description of Personal Representative's Authority (for example, parent, guardian, named agent under health care power of attorney):

Signature of Personal Representative:

Date: _____