North Dallas Plastic Surgery Associates

In our efforts to comply with the health information privacy act, HIPAA, we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends, and co-workers.

Please circle your choice response to the following questions:

May we leave messages concerning your appointments/treatment with a co-worker, receptionist, or secretary that regularly answers your calls? Yes No

May we leave messages on a voice mail at work? Yes No

May we leave messages on an answering machine at home? Yes No

May we leave information with a spouse or significant other? Yes No

Is there anyone that is not listed above that we can give?
Information to? If so, please specify.
_____ Yes No

For any children above 18, still living at home, may we discuss?
your appointments/treatment with your parent(s) or Guardian? Yes No

You must inform us, in writing, of any changes in your directives. This record takes effect April 14, 2003 and will be kept in your file along with your acknowledgment of receipt of our Notice of Privacy Practices.

Signature:_____Date:_____

Print Name:_____

Receipt of Notice of Privacy Practices Written Acknowledgment Form

I,_____, have been allowed to review/and have been offered a
(patient name)
copy of North Dallas Plastic Surgery Associates Privacy Practices.

I,_____, have received a copy of North Dallas Plastic Surgery
(patient name)
Associates Privacy Practices.

_____
Signature of Patient Date

DISCLOSURE: Dr. Harlan Pollock and Dr. Todd Pollock have ownership interest in The Texas Institute for Surgery @ Presbyterian Hospital of Dallas and The Surgery Center at Craig Ranch in McKinney. Therefore, they may derive financially from surgery being performed at these facilities. Please let us know if you have any concerns regarding this.

_____
Signature of Patient Date