

GOOD TO GREAT

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ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

For the convenience of our patients, our NOTICE OF PRIVACY PRACTICES is available at the front desk for your review. Please feel free to take a copy with you at any time.

I hereby acknowledge that I have been offered a copy of this medical office's NOTICE OF PRIVACY PRACTICES. I further acknowledge that a copy of the current notice is posted in the reception area of this medical office. If amended, I will be offered a copy of the amended NOTICE OF PRIVACY PRACTICES upon request and a copy of the amended notice will be posted in the reception area updating the original.

Signed: _____ Print Name: _____

Date: _____ Telephone: _____

If not signed by the patient, please indicate below:

_____ Parent/*Guardian of minor
_____ Guardian or Conservatory of an adult patient

* Please offer proof of Guardianship

Name of Patient: _____

Office use only

Witness

Witness