

Lafayette Otolaryngology Associates, Inc.

**** LAFAYETTE ENT ****

2320 Concord Road, Lafayette, IN 47909 (765) 477-7436

EAR, NOSE AND THROAT

HEAD AND NECK SURGERY

FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGE FORM

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practice (Notices). I understand that I may obtain a written copy of this Notice at anytime upon contacting this office.

Name of Patient

Patient's Signature / Responsible Party

Date

Reason given by Patient if refusing to sign this Notice:

Witness's Signature

Date

Name of other individuals to whom we may release information:

Name

Relationship

Name

Relationship

Name

Relationship

List any restrictions of information that you do **NOT** wish to be released:

I understand that I may notify the doctor's office at any time of changes to this request, which would require a new form to be completed.

Signature

Date