

Coastal California Cosmetic, Reconstructive and Hand Surgery (CCCRHS)
Santa Barbara Plastic Surgery Center (SBPSC)

Health Information Portability and Accountability Act (HIPAA)

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

The CCCRHS and SBPSC dba Wesley Schooler, MD & David Buchanan, MD Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we will provide you, copies of the current notice are available by accessing our e-clinical patient portal on-line.

I acknowledge that I have received the Notice of Privacy Practices.

_____ Signature of Patient or Patient's Representative

_____ Date

_____ Print Name Relationship to Patient Interpreter (if applicable)