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Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices with the effective date of September 23,2014. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. You can review a revised copy by visiting our office or website at Kramerplasticsurgery.com.

Signature of Patient/Patient Representative: _____

Relationship to Patient: _____
(If representative is signing for patient)

Date: _____