



Benjamin J. Boudreaux, M.D.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the notice by calling (985) 237-6050 or by requesting one at the following office:

**Northshore Plastic Surgery, LLC
Benjamin J. Boudreaux, M.D.
4000 Lonesome Road
Suite A
Mandeville, LA 70471**

Date

Signature*

Print or Type Name

***As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.**

Date

Signature

Relationship

