James D. Wethe, MD
Diplomate, American Board of Plastic Surgery
3440 Lomita Boulevard, Suite 220
Torrance, California 90505
310-784-8389 www.drwethe.com

Acknowledgement of Receipt of Notice of Privacy Practices

Notice to Patient:

We are required to provide you with a copy of our **Notice of Privacy Practices**, which states how we may use and/or disclose your health information. Your signature on this form acknowledges your receipt of the Notice.

I acknowledge that I have received a copy of the Notice of Privacy Practices for the office of James D. Wethe, MD.

____

Please print your name here

____

Signature

____

Date

____

Date of Birth