

Tripti Burt, MD, FACS
Board-Certified Plastic Surgeon
Cosmetic and Reconstructive Surgery

burt & will
PLASTIC SURGERY AND LASER CENTRE
uncover the beauty within

Neena Will, MD
Board-Certified Otolaryngologist
Facial Plastic Surgery

Receipt of Notice of Privacy Practices Form

I, _____, hereby acknowledge receipt of the Physician's Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available.

Signature of Patient: _____ Date: _____

If you are not the patient, please specify your relationship to the patient _____

Consent for Release and Use of Photographs

I, _____, am a patient of Tripti Burt, M.D and/or Neena Will, M.D, and have been photographed during the course of my treatment. I grant Burt & Will Plastic Surgery and Laser Centre the ongoing and unrestricted right to use the pre and post-operative photographs of the undersigned.

The undersigned acknowledges that he/she relinquishes all right, title, and interest in these photographs, or any right to profit or gain directly realized through the use of the photographs.

This form and the effect of my consent have been fully explained to me and any questions I have are fully answered.

Signature: _____ Date: _____

Witness: _____ Date: _____

www.burtplasticsurgery.com

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