

**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.

In the event that Burt and Will Plastic Surgery or Limelight Medical Spa is unable to contact me, I give full permission to Burt and Will Plastic Surgery or Limelight Medical Spa to contact the individuals that I have designated below for the purpose of disclosing information pertinent to my case. This would include, but not limited to information regarding tests, reports, scheduling and business information. By my signature below, I agree to hold harmless and waive any liability against Burt and Will Plastic Surgery or Limelight Medical Spa for the disclosure of information to the individual(s) designated below.

**NAME**

**PHONE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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. These photos are used as a part of my medical record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Financing:**

We offer financing for both our cosmetic spa and surgical services, which include CareCredit. Ask Phil for more details or if you have any questions.