

Austin Plastic Surgery Center <sup>tm</sup>  
and  
The Breast Enhancement Institute- Austin <sup>tm</sup>  
Cosmetic Plastic Surgery of the breast and body

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HIPAA ACKNOWLEDGEMENT

I, \_\_\_\_\_ acknowledge that I have read, and received a copy  
of Austin Plastic Surgery Center's Notice of Privacy practices.

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Patient/Guardian)

\_\_\_\_\_  
Date