



**Meyers Aesthetic Center  
& Medical Spa**

## Notice of Privacy Practice Form

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice and a right to a paper copy of our notice. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our office during business hours. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you acknowledge that you have been made aware of our use and disclosure of protected health information about you for treatment, payment, and health care operations.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_