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Receipt of Statements, Notices, and Policies

By signing below, I affirm that I have been offered copies of the statements, notices, and policies of Denver Plastic Surgery and Liposuction, LLC. These include:

- Avoidance of Dissatisfaction Policy
- Patient and Doctor Partnership Statement and Expectations
- Notice of Privacy Practices Form - (HIPAA)
- Notice of Non-Discrimination
- Financial Policy Notice

By signing below, I acknowledge that I have received or declined to receive the above listed statements, notices, and policies. I understand that I can request electronic or printed copies at any time. I understand that electronic copies are posted on the Denver Plastic Surgery and Liposuction, LLC website at: www.DenverPlasticSurgeryAndLiposuction.com

Patient Name

Patient Signature

Date

Time