



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

MEDISPA MAUI

BRIAN STOLLEY, M.D. INC.

1445 South Kihei Road, Kihei HI 96753

I have received, read and understand your Notice of Privacy Practices containing a complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my confidential information is used or disclosed to carry out treatment, payment or health care operations.

Patient Name

(Print): _____

Signature: _____

Self or Other (Explain): _____

Date: _____