



**STEPHEN LOBER  
PLASTIC SURGERY PC**

PATIENT ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

As required by the Privacy Standards of the Health Insurance Portability and Accountability Act (HIPPA) of 1996, STEPHEN LOBER PLASTIC SURGERY PC has made available to me the Notice of Privacy Practices. I understand that this notice advises me of how my personal health information may be shared.

STEPHEN LOBER PLASTIC SURGERY PC has my consent to share information about my care with the following persons:

\_\_\_\_\_  
Name/Relation

\_\_\_\_\_  
Name/Relation

I understand that it is my responsibility to notify STEPHEN LOBER PLASTIC SURGERY PC of any changes in my authorization. By signing below I acknowledge receipt of this information.

\_\_\_\_\_  
Signature of Patient / Guardian

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)

Kathy Lober  
Chief Privacy Officer  
(706) 369-8440

RESERVED FOR OFFICE USE

Date Acknowledged or Denied:  
Reason:  
Privacy Officer:



ASPS Member Surgeons®

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