I received the notice of privacy practices and I have been provided an opportunity to review it. [You can also refer to it online](https://lanouvellespa.com/privacy-policy.html).

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Policy Acknowledgement Form**

**La Nouvelle Medical Spa**

**Medical Director: Antoine Hanna, M.D.**

1700 N Rose Ave #230, Oxnard, CA 93030

(805) 988-2638

**Please fill out the form and email to lanouvellespa@yahoo.com**

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient / Representatives signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_