

SURGICAL WELLNESS CENTER
FAMILY WELLNESS CENTER, INC.
METRO SURGICAL CENTER
LASER ENHANCEMENT CENTER

1010 Wayne Avenue, Suite 410
Silver Spring, Maryland 20910
301-588-6686

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF
PRIVACY RULES**

1. Patient Name: _____

I hereby acknowledge that I have been advised of the Notice of Privacy Practices for the Surgical Wellness Center (SWC), Family Wellness Center, Inc.(FWC), Metro Surgical Center (MSC) & the Laser Enhancement Center (LEC).

2. Surgical Wellness Center, Family Wellness Center, Inc., Metro Surgical Center & the Laser Enhancement Center have my permission to discuss my protected health information with the following individuals.

- | | | |
|---------------------|------------------|--------------------|
| Insurance Companies | Other Physicians | Diagnostic Centers |
| Laboratories | Our Physicians | Spouse or Children |
| Attorneys | Hospitals | Pharmacies |

3. Surgical Wellness Center, Family Wellness Center, Inc., Metro Surgical Center & the Laser Enhancement Center may contact me at

Home _____

Work _____

Other _____

Email _____

Signature _____
If patient is a minor, signature of parent or guardian

Date _____