

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGMENT FORM**

*Robert S. Feins, M.D., P.A., F.A.C.S.*

*Plastic and*

*Reconstructive Surgery*

*Doctors Park*

*144 Tarrytown Road*

*Manchester, NH 05105*

*603-647-4450*

*Facsimile 603-647-4877*

I, \_\_\_\_\_, have reviewed a copy of Dr. Feins' Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

