



**MITESH KAPADIA, MD, PhD**  
OPHTHALMIC PLASTIC SURGERY

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**Mitesh Kapadia, M.D., Ph.D.**  
**Notice of Privacy Practices Acknowledgement**

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I, \_\_\_\_\_, acknowledge I have received a copy of the notice of privacy practices.

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**Signature** of Patient or Personal Representative

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**Name** of Patient or Personal Representative (*please print*)

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Date

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Relationship to Patient (or other authority to serve)