



**PLASTIC SURGERY INSTITUTE OF DAYTON, INC.**

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

I, \_\_\_\_\_, have been given an opportunity to view Plastic Surgery Institute of Dayton, Inc. Notice of Privacy Practices, which is posted on [www.daytonplasticsurgery.com](http://www.daytonplasticsurgery.com).

In the event that surgery is performed in the PSI Surgery Center, LLC, I am aware that it is owned by Steven P. Schmidt, M.D., Matthew J. Fox, M.D., and Jason T. Hedrick, M.D. and that it is a separate entity from Plastic Surgery Institute of Dayton, Inc.

\_\_\_\_\_  
Signature of Patient (or Guardian)

\_\_\_\_\_  
Date

Date revised: 1/15/2025