

**J. Brian Boyd, MD, Inc.**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM  
AND  
NOTICE OF CALIFORNIA MEDICAL LICENSED PHYSICIAN**

I, \_\_\_\_\_ have received a copy of the Notice of  
(patient name)

Privacy Practice for J. Brian Boyd, MD, Inc..

I understand that Dr. J. Brian Boyd, M.D. is licensed by the Medical Board of California; board certified in Plastic and Reconstructive Surgery; a member of the Aesthetic Society of Plastic Surgeons.

**\*\*Medical doctors are licensed and regulated by the Medical Board of California**

(800) 633-2322

[www.mbc.ca.gov](http://www.mbc.ca.gov)

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*Signature of Patient*

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*Date*