**VASCULAR ASSOCIATES OF MICHIGAN, P.C.**

To Our Patients,

 Thank you for choosing us as your vascular surgeons.

 **John H. Iljas, D.O., Mazen Bazzi, D.O., Bipin Patel, D.O**

We value your confidence in us and strive to give you the best possible medical treatment.

 Because this is a surgical practice, we ask that you be aware that the doctor may be called into an emergency surgery from time to time which could mean that you could be seen by another doctor in our practice or your appointment could be delayed or postponed. Also during weekends and holidays the doctor that you normally see may not be available and you will be directed to the doctor on call.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABLILTY ACT (HIPPA)**

 Notice and Acknowledgement for Vascular Associates of Michigan, P.C

I acknowledge that I have been offered the notice of Privacy Practices and I am

aware of the D HIPPA Privacy Act.

**X**

Patient or personal representative signature

Please list person(s) that you allow your medical information to be shared with.

(ex: family, caregivers, friends)