

**David L. Durst, M.D.**

*Aesthetic Plastic & Reconstructive Surgery*

**Notice of Privacy Practices**

**As required by the Privacy Regulations Created as a Result of the Health Insurance Portability  
And Accountability Act 1996 (HIPAA)**

**RELEASE FORM**

This is a release form so we can protect your rights and privacy as our patient.

Please list family, friends, or any other person we may release medical information to other than your referring doctors office. Please list full names of the person/people so we may assist them with this information in a timely manner.

Thank you

David L. Durst, MD

Names:

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**The Cosmetic Surgery Center  
OF HUNTSVILLE**

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