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Palm City, Fl. 34990
772-283-6881 office

ACKNOWLEDGEMENT OF NOTICE OF "HIPAA" PRIVACY PRACTICE

I _____ Self or Legal Guardian of _____

I have read or received a copy of the office "Notice of Privacy Practice". (Available upon request)

Signature: X _____ Date: _____

YOU ARE AUTHORIZING OUR OFFICE STAFF TO DISCUSS ANY AND ALL INFORMATION ABOUT YOUR
ACCOUNT OR TREATMENT WITH THE FOLLOWING PERSON(S).

NAME: _____ PHONE#: _____ RELATION: _____

NAME: _____ PHONE#: _____ RELATION: _____

NAME: _____ PHONE#: _____ RELATION: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (please specify)

