



3614 West Kennedy Blvd. Suite B.  
Tampa, Fl. 33609  
tel ( 813 ) 870-2528 fax ( 813 ) 876-1003

## **Acknowledgement of Receipt of Notice of Privacy Practices**

I hereby acknowledge that I have received and had an opportunity to ask questions concerning the above named practice's Notice of Privacy Practices.

---

Date

---

Print Patient's Name

---

Patient or Patient's Representative's Signature

---

If signed by Representative, state name of Representative

---

Relationship to patient