

Dale R. Traficante, M.D., P.A.

Acknowledgement of Receipt of Notice of Privacy Practices

I have reviewed a copy of this office's Notice of Privacy Practices. I know that I may request a copy of this office's Notice of Privacy Practices at any time.

(Please Print Patient's Name)

(Signature of Patient or Legal Guardian)

(Date)

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: _____
