

NOTICE RECEIPT ACKNOWLEDGEMENT

Purpose: This form is used to confirm that an individual has received Guillermo Marrero MD., P.A. Notice of Privacy Practices.

I, _____, acknowledge that I have received Guillermo Marrero MD., P.A. Notice of Privacy Practices. I have had full opportunity to read and consider that contents of this Notice of Practices

SIGNATURE: _____ DATE: _____

If this authorization is signed by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

Print Patient Name: _____

Address: _____

Telephone: _____ E-mail: _____

Patient Number: _____ Social Security Number: _____