

Acknowledgement of Receipt of Notice

Medical Specialists of the Palm Beaches, Inc.
Privacy Officer
5700 Lake Worth Road, Suite 204
Lake Worth, FL 33463
Compliance Hotline: (561) 207-2120

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient

Name of Patient: _____

For Office Use Only:

Signed form received by: _____

Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

