

Drs. Paul and Kathy Helsby
2100 Aloma Avenue
Suite 200
Winter Park, FL 32792

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. This notice describes how my health information may be used or disclosed. I understand that I should read it carefully. In addition, I am aware that the notice may be changed at anytime. I may obtain a revised copy of the notice by requesting one at this office.

Date

Signature

Printed or typed name

As the representative of the above individual, I acknowledge receipt of the notice on his/her behalf.

Signature

Relationship

Printed or typed name

Date