

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy
(print patient name)

Practices from Surgical Clinic Associates, P.A.

X _____ Date: _____
(patient signature)

In lieu of patient signature, I, _____, a staff member
Of Surgical Clinic Associates, P.A., state that _____
has been given our current Notice of Privacy Practices.

X _____ Date: _____