



**ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES**

**I acknowledge that I was provided with a copy of the Notice of Privacy Practices and that I have read them or declined the opportunity to read them and understand the Notice of Privacy of Practices. I understand that this form will be placed in my patient chart and maintained for six years.**

**I acknowledge that I have received a copy of this office's Notice of Privacy Practices.**

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**Please print your name here**

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**Parent, Guardian or Patient's legal representative**

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**Signature**

**Date**

**THIS FORM WILL BE PLACED IN THE PATIENT'S CHART AND MAINTAINED FOR SIX YEARS.**

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