

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

21ST CENTURY ONCOLOGY, LLC
FLORIDA UROLOGICAL ASSOCIATES, P.A.

ALBERT VORSTMAN, MD
DAWN MARIA SCARZELLA, MD
OMAR ORTIZ-ALVARADO, MD

I hereby acknowledge:

A copy of the Notice of Privacy Practices was given to me.
If I came in for healthcare services in an emergency treatment situation, I was given the Notice as soon as reasonably practicable after the emergency treatment situation.

Signature of Patient or Representative

Date

Printed Name of Patient or Representative

FOR OFFICE USE ONLY

If an acknowledgment is not obtained, please complete the information below:

Patient's name: _____

Date of attempt to obtain acknowledgment: _____

Reason acknowledgement was not obtained:

- Patient/family member received notice but refused to sign acknowledgment Emergency treatment situation
- Patient was incapacitated and no family member was present
- Unable to communicate due to language barriers
- Other (please describe below)

Signature of Employee

Date