

Carlos R Santos, MD, PA
16855 NE 2nd Ave
Suite 302 A
North Miami Beach, FL 33162
305-653-0425

Acknowledgment of Receipt of Notice of Privacy Practices

By signing this form you acknowledge receipt of the Notice of Privacy Practices for Carlos R. Santos MD, PA. Our Notice of Privacy Practices provides information about how we may use and disclose your protected information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change.

Signature of Patient/Patient Representative

Date

Name of Patient/Patient Representative (PLEASE PRINT)

Relationship to Patient

Company Use Only:

We attempted to obtain written acknowledgment of the patient's receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained from the patient for the following reason:

- Patient Refused to Sign
- Patient Representative Refused to Sign
- Emergency Situation Prevented Signature
- Other (please specify) _____

Provider Representative Signature

Date