

ACKNOWLEDGMENT OF RECEIPT OF

NOTICE OF PRIVACY PRACTICES

Federal law requires that we seek your acknowledgment of receipt of this Notice of Privacy Practices. Please sign below.

I acknowledge that I have received this Notice of Privacy Practices and that I understand that if I have any questions regarding this Notice, I may contact the Privacy Officer of Stark Medical Specialties, Inc.

Signature: _____ Date: _____

Printed Name: _____(DOB:)

Signature of Parent/Guardian/Power of Attorney (specify which):

_____ Date: _____

For Office Use Only:

Signed Acknowledgment of Receipt on _____ Initials _____

Notice of Privacy Practices sent/delivered on _____ Initials _____

Patient Refused or Failed to Acknowledge Receipt on _____ Initials _____

Stark Medical Specialties, Inc.