



3000 SW 148<sup>th</sup> Ave - Suite 215  
Miramar, FL 33027  
Ph: (954)538-1700 Fax: (954)538-1993

## Notice of HIPAA Privacy Acknowledgement

I have read and understood the Notice of Privacy Practices.

\_\_\_\_\_  
Patient's Name Printed

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date