

Acknowledgement of Receipt of Notice

Korunda Medical, LLC

4513 Executive Drive

Naples, FL 34119

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

Print Name: _____ Telephone # _____

Signature: _____ Date: _____

If not signed by the patient, please indicate.

Relationship: (circle one)

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of Patient:

For Office Use Only:

Signed form received by: _____ Date: _____

Acknowledgment refused:

Efforts to obtain:

Reason for refusal:
