

Acknowledgement of Receipt of Notice of Privacy Practices

Print:

I, _____, have received the
Notice of Privacy Practices from Indiana Surgical Associates, P.C.

Sign:

X _____ Date _____

FOR OFFICE USE ONLY

In lieu of patient signature, I, _____, a staff member of Indiana
Surgical Associates, P.C., state that _____ has been given our
current Notice of Privacy Practices.

X _____ Date _____