**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**21ST CENTURY ONCOLOGY, LLC** ALBERT VORSTMAN, MD

FLORIDA UROLOGICAL ASSOCIATES, P.A. DAWN MARIA SCARZELLA, MD

 OMAR ORTIZ-ALVARADO, MD

**I hereby acknowledge:**

A copy of the Notice of Privacy Practices was given to me.

If I came in for healthcare services in an emergency treatment situation, I was given the Notice as soon as reasonably practicable after the emergency treatment situation.

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Signature of Patient or Representative Date

Printed Name of Patient or Representative

**FOR OFFICE USE ONLY**

If an acknowledgment is not obtained, please complete the information below:

Patient’s name:

Date of attempt to obtain acknowledgment:

Reason acknowledgement was not obtained:

* Patient/family member received notice but refused to sign acknowledgment Emergency treatment situation
* Patient was incapacitated and no family member was present
* Unable to communicate due to language barriers
* Other (please describe below)

### Signature of Employee Date