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

By signing this form, you acknowledge that you have received or have been informed that you have the right to receive a copy of Bee Ridge Family Practice Notice of Privacy Practice.

This notice is available in hard copy by verbally requesting a copy at the front desk or by submitting a request in writing to the office at Bee Ridge Family Practice at the above address.

You may also obtain a copy of the Notice of Privacy Practices by visiting our website at https://www.stevenvgupta.com/forms.html.

Date:	
Patient Name (Print)	
Patient or Guarantor (Signature)	
Relationship to Patient:	