

Patient Name: _____

Date of Birth: _____

ACKNOWLEDGEMENT of RECEIPT of PRIVACY NOTICE

Stefano Fusi, M.D. has provided me with an office copy of their Privacy Notice that describes how medical information about me may be used and disclosed, and how I can access this information.

I acknowledge that I have been given the office copy of the Privacy Notice and have been offered a personal copy if so desired. (If acknowledgement is by someone other than the patient, please explain the relationship):

Patient Signature

Date

Patient Representative Signature & Relationship

Date

For Stefano Fusi, MD Use Only:

A good faith effort was made to provide the patient with Stefano Fusi, MD Notice of Privacy Practices, but the patient did not acknowledge receipt because of:

_____ Emergency

_____ Patient Refused

_____ Other (explain): _____

Stefano Fusi, MD

Date