

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FOR
E.N.T. SURGICAL ASSOCIATES, P.C.**

The undersigned Patient or legally authorized representative ("Agent") of the Patient acknowledges that he or she personally received a copy of the Notice of Privacy Policies on the date indicated below.

Signature: _____ Date: _____

Patient: _____

Witness: _____

Information about Agent (attach appropriate documentation):

Agent: _____

Title: _____