

NEUROSURGICAL CONSULTANTS OF SOUTH FLORIDA
SPECIALIZING IN SURGERY OF BRAIN AND SPINE

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Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received a copy of this office's Notice
(Patient's Name)
of Privacy Practices.

Signature of Patient (Responsible Party): _____

Witness: _____

Date: _____

For Office Use Only:

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- _____ Individual refused to sign
- _____ Communication barriers prohibited obtaining the acknowledgement
- _____ An emergency situation prevented us from obtaining the Acknowledgement
- _____ Other _____