



DENTON D. WEISS, MD, FACS

PATIENT ACKNOWLEDGMENT FORM
for
Notice of Privacy Practices Pamphlet

Our Notice of Privacy Practices pamphlet provides information about how we may use and disclose protected health information about you. You have the right to receive and review our Notice of Privacy Practices before signing this acknowledgment. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy.

By signing this form, you acknowledge that you have been informed of our uses and disclosures of protected health information about you for all of the purposes set out in our Notice.

By signing this form, you also acknowledge that a copy of our Notice has been provided to you, that you understand the contents of our Notice and how it applies to you, and that all of your questions regarding the contents of our Notice have been answered.

Patient Name: _____

Patient Signature: _____

Date Signed: _____