



**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT FORM**

Name: _____

Date: _____

CHECK AND SIGN OPTION ONE OR TWO BELOW, PLEASE.

OPTION ONE:

_____ I have received a copy of Collier Neurologic Specialists, L.L.C.'s (the "Practice")
Notice of Privacy Practices.

Signature: _____

OPTION TWO

_____ I was offered a copy of the Practice's Notice of Privacy Practices, but did not
want it.

Signature: _____

For Office Use Only:

_____ A good faith effort was made to provide a copy of the Practice's Notice of
Privacy Practices to this patient and to obtain his/her acknowledgement of the same. The
patient _____ accepted _____ declined the Notice and refused to sign this
acknowledgement for the following reason:

Practice Representative: _____

Signature: _____ Date: _____