



Antonio Rosado MD, FACC, FSCAI

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

\* You May Refuse to Sign This Acknowledgment\*

I, \_\_\_\_\_, have received a copy of this office's notice of privacy practices.

\_\_\_\_\_  
Patient's Name (print) / Nombre del patient (en letra molde)

\_\_\_\_\_  
Patient's Signature/Firma del Paciente

\_\_\_\_\_  
Date / Fecha