



Daniel Gaitan Personalized Healthcare

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices of Daniel Gaitan Healthcare, Inc. on this date.

Signature of Patient or Authorized Representative

Name of Patient

Date

STAFF USE ONLY

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

_____: Individual refused to sign

_____: Communication barriers prohibited obtaining acknowledgement

_____: An emergency situation occurred preventing us from obtaining acknowledgement

_____: Other

Signature of Practice Staff Member and Title

Name of Staff Member

Date