

Frederick R. Silfen, M.D.

Obstetrics ♦ Gynecology ♦ Infertility

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have read and/or received a
Patient Name
copy of Frederick R. Silfen, M.D., P.A.'s Notice of Privacy Practices.

Signature of Patient

Date

For Office Use ONLY Below This Line

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained for one or more of the following reasons:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (please specify)

