

**KAGAN, JUGAN & ASSOCIATES, P.A. PATIENT'S
ACKNOWLEDGMENT OF RECEIPT OF MEDICAL
INFORMATION PRIVACY NOTICE**

I hereby acknowledge that I received the Kagan, Jugan & Associates, P.A. Medical Information Privacy Notice for my review prior to receiving services through Kagan, Jugan, & Associates, P.A.

Signature of Patient or Patient's Representative

Print Name of Patient or Patient's Representative

Relationship of Patient's Representative to Patient

Date