



**FLORIDA SPINE AND PAIN SPECIALISTS**  
**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

**\*\*\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*\*\***

I, \_\_\_\_\_, understand  
**Please PRINT Name**

Florida Spine & Pain Specialists' Notice of Privacy Practices.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_ **For Office Use Only** \_\_\_\_\_

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

- \_\_\_\_\_ Individual refused to sign
- \_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement
- \_\_\_\_\_ An Emergency situation prevented us from obtaining acknowledgement
- \_\_\_\_\_ Other (Please specify)

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