
**RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

I have received a copy of **Adult & Pediatric Urology, P.C.**'s Notice of Privacy Practices that became effective April 14, 2003.

Date

Printed Name

Signature

Note: If signed by someone other than the patient, we need written proof of your authority.

I, _____, give my permission to Adult & Pediatric Urology, P.C., to give any & all medical information regarding myself to the following person(s):

Signature

Date

For office use: A signature was not obtained because: _____
