



5432 Bee Ridge Rd. Ste 150
Sarasota, FL 34233
941-379-3277

Notice of Privacy Practices Patient Acknowledgement Effective 04/07/2020

Patient Name: _____ Date of Birth: _____

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from Marlowe & Marris ENT. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the Notice of Privacy Practices is changed, you may obtain a revised copy by visiting our website at <http://www.marlowemd.com> or on request from our staff.

I acknowledge receipt of the Notice of Privacy Practices from Marlowe & Marris ENT

Signature: _____

Relationship to Patient: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature of this Notice of Privacy Practices Form, but was unable to do so.

Date: _____ Name: _____

Reason: _____
