

Acknowledgement of Review of Notice of Privacy Practice
Dallas Sarcoma Associates. P.A.

I have received a copy of this office Notice of Privacy Practices, which explains how my medical information will be used and disclosed.

I understand that I am responsible for the review of this document.

Print Patient Name: _____

Signature of Patient or Personal Representative:

Date: _____

Name of Personal Representative: _____

Description of Personal Representative's Authority:

