

RECEIPT OF NOTICE OF PRIVACY PRACTICE
WRITTEN ACKNOWLEDGEMENT FORM

MIAMI GASTROENTEROLOGY CONSULTANTS, P.A.

MIGUEL J RODRIGUEZ M.D.

PLEASE NOTE OUR HIPPA COMPLIANT PATIENT PRIVACY NOTICES IS
POSTED IN OUR WAITING ROOM FOR EVERYONE TO REVIEW

YOU MAY REQUEST A COPY FOR YOUR RECORDS

I _____ (PATIENT NAME)

do hereby acknowledge having read the Patient Privacy Practice followed by
Miami Gastroenterology Consultants, P.A.

Signature of Patient _____

Date: _____