

**Acknowledgement of Review of
Notice of Privacy Practices**

I have reviewed this office's Notice of Privacy practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document again at any time.

Signature of Patient/Representative

Printed Name of Patient/Representative

Date

Relationship of Patient Representative

If you have any questions or want to make a request pursuant to the rights described in our notice of privacy practices, please contact.

Privacy Officer/Office Manager
Frank Castillon, III, M.D., P.A.
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