

**ATLANTIC ENT LLC
Michael Widick, MD
333 W. Cocoa Beach Causeway, Suite B
Cocoa Beach, FL 32931
(321) 799-9797**

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.

Print Name of Patient: _____

Signature of Patient: _____

Date: _____

Patient's Date of Birth: _____

Patient's ID/Chart Number: _____

For Personal Representative of the Patient (if applicable)

Print Name of Personal Representative: _____

Describe Personal Representative Relationship: _____

(parent, guardian, etc.)

Signature of Personal Representative: _____

Date: _____

For Practice Use Only:

Signature of Practice Employee

Date