

Daouk Orthopaedics  
7350 Sand Lake Commons Blvd, Suite 1102  
Orlando, FL 32819-8031  
Phone (407)355-7478  
Fax (407)354-2431



---

### Acknowledgment Of Privacy Practices

---

Date:

I, \_\_\_\_\_ acknowledge that I have received a copy of the Notice of Privacy Practices from Daouk Orthopaedics.

I have listed individuals that are authorized to receive my protected health information. I am aware that I can revoke the authorization for any individual at any time, but must do so in writing.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative & Relationship  
(Required if patient is a minor or an adult unable to sign form)

\_\_\_\_\_  
Date

#### The following individuals have my authorization to access my Protected Health Information

\_\_\_\_\_  
Name Relationship Date of Birth

\_\_\_\_\_  
Name Relationship Date of Birth

\_\_\_\_\_  
Name Relationship Date of Birth

\_\_\_\_\_  
Name Relationship Date of Birth

---