



**VeinSpecialists**  
OF TAMPA

**ACKNOWLEDGEMENT OF RECEIPT  
OF NOTICE OF PRIVACY PRACTICES**

I have received a copy of this office's Notice of Privacy Practices.

**\*May view on our web site and/or request a copy from the office\*\***

---

Please Print Name

---

Signature

---

Date

---

For Office Use Only

**We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:**

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify): \_\_\_\_\_

---

2835 W. De Leon Street, Suite 102, Tampa, FL 33609

Phone: 813-374-9002

Fax: 813-374-9093

[www.tampaveinspecialists.com](http://www.tampaveinspecialists.com)