

# Receipt of Notice of Privacy Practices Written Acknowledgement Form

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**Dan H. Meirson, M.D., P.A.**  
**One Medical Plaza**  
**1 West Sample Road, Suite 302**  
**Pompano Beach, FL 33064-3547**

**Office: 954-782-7701**  
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I am a patient of Dan H. Meirson, M.D., P.A. I hereby acknowledge receipt of Dan H. Meirson, M.D.,P.A.'s Notice of Privacy Practices.

Name [please print]: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OR

I am a parent or legal guardian of \_\_\_\_\_ [patient name]. I hereby acknowledge receipt of \_\_\_\_\_ 's Notice of Privacy Practices with respect to the patient.

Name [please print]: \_\_\_\_\_

Relationship to Patient:  Parent  Legal Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE PRINT YOUR E-MAIL ADDRESS BELOW:

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NAME OF PHARMACY: \_\_\_\_\_

PHARMACY PHONE NUMBER: \_\_\_\_\_

PHARMACY ADDRESS: \_\_\_\_\_