



ZUrology

Michael P. Zahalsky, M.D. ~ Mini Varghese, M.D.

5850 Coral Ridge Drive, Suite 106, Coral Springs, FL 33076
2951 N.W. 49th Avenue, Suite 308, Ft. Lauderdale, FL 33313

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I hereby acknowledge that I have received a copy of this medical practice's Notice of Privacy Practices.

PRINT NAME: _____

DATE: _____

SIGNED: _____

TELEPHONE: _____

If not signed by the patient, please indicate relationship to patient:

_____ Guardian or conservator of an incompetent patient

_____ Guardian of parent of child (minor)

Name of Patient (please print): _____

PATIENT CONTACT

All call regarding your care, test results and appointments will be made to your home phone number. If you would like us to contact you at an alternate phone number, please indicate that number here:

Preferred Contact Number: _____

_____ I hereby authorize this medical practice to contact me by telephone and I am not present, they may leave a message on my answering machine.

_____ If you prefer that we do NOT leave a message on your machine.

OTHER CONTACT INFORMATION

The following people, other than a duly designated guardian or conservator are authorized to discuss my _____ medical condition and/or _____ billing information with a healthcare professional in this practice:

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER

FOR OFFICE USE ONLY:

Signed form received by (Please Print) : _____ Initials: _____

Acknowledgment Refused: _____

Efforts Obtained: _____

Reasons for Refusal: _____