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Acknowledgement of Receipt of Notice of Privacy Policy

I hereby acknowledge that I have read and had the opportunity to ask questions concerning the above named practice's Notice of Privacy Practices.

This is to acknowledge that you have authorized us to:

- Leave a detailed message, which may include test results, diagnosis or billing information on voicemail or answering machine: _____ Yes _____ No
- If not at home, may we leave a detailed message with the individual answering the phone to include the same above information: _____ Yes _____ No

Please name the individuals you hereby authorize on your behalf to speak with this office regarding all aspects of your medical chart, i.e. health conditions, medications, results and financial information:

Name : _____ Relationship: _____

Name : _____ Relationship: _____

Name : _____ Relationship: _____

Print Patient's Legal Name

Date

Patient or Patient Representative Signature

Date