

The Retreat
Dr Roxana M Stoici MD
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**HIPAA Privacy Policy:
Acknowledgement of Receipt**

Patient's acknowledgement of receipt

The Retreat/Dr. Stoici Notice of Privacy Practices provides a thorough explanation of how we may use and disclose your protected health information, as well as your rights as a patient.

I, _____, have received a copy of
The Retreat/Dr. Stoici Notice of Privacy Practices.

I choose to designate the individuals listed below as my primary contacts.

The Retreat personnel may share information with these primary contacts that is consistent with the Notice of Privacy Practices.

Patient's name _____ Patient's DOB _____
#1 Contact name _____ Relationship _____
Contact phone _____
#2 Contact name _____ Relationship _____
Contact phone _____
Signature _____ Date _____
(patient, parent, authorized representative)

Inability to obtain acknowledgement

To be completed by The Retreat/Dr. Stoici representative

_____ It was not possible to obtain the individual's acknowledgement for the following reason(s):

- _____ Emergency situation
- _____ Patient physically unable to sign
- _____ Patient refused
- _____ Patient left office prior to obtaining signature
- _____ Other reasons (list below)

Patient name _____
Comments _____
Signature of representative _____ Date _____