

EXHIBIT 1
Revised January 1, 2012
WRITTEN ACKNOWLEDGEMENT FORM
RECEIPT OF NOTICE OF PRIVACY PRACTICES

LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC.

I, _____, have (1) received a copy of the Notice of the Privacy
Patient Name

Practices or
(2) has been offered a copy of the Notice of the Privacy Practices but declined to accept
a copy.

Signature of Patient

Date

**WRITTEN ACKNOWLEDGEMENT OF PATIENT REFUSAL TO SIGN A
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

On the ___ day of _____, 2012, the Notice of Privacy Practices was
_____ offered and/or given to _____.
Patient Name

_____ The Patient accepted a copy of the Notice of Privacy Practices but refused to sign
an acknowledgement that it was given to the patient.

_____ The Patient refused to accept a copy of the Notice of Privacy Practices and
refused to sign an acknowledgement that it was offered to the patient.

Signature of Employee
who offered the Patient the Notice

Date