Karen E. Kennedy, M.D., 1118 Gulf Breeze Parkway, Suite 201, Gulf Breeze, Florida 32561
7552 Navarre Parkway, Suite 18, Navarre, Florida 32566
(850) 916-7766 • Fax: (850) 916-5144

Notice of Privacy Practices: Acknowledgement of Receipt

I hereby certify and affirm that I have read the Notice of Privacy Practices of the office of Karen E. Kennedy MD PA concerning the Health Insurance Portability and Accountability Act. I was given the opportunity to ask questions about the program and its implementation. I certify that I understand how issues of medical information about me may be used and disclosed and how I can get access to this information.

I certify that I have been given the opportunity to request restrictions on the uses and disclosures of my health information.

____
Patient's name

____
Patient's signature

____
Date

____
Witness