

*Holly W. Schwartztoł, Ph.D.
9485 Sunset Drive, Suite A-222
Miami, Florida 33173
Phone (305) 279-0007 Fax (305) 279-7407*

Signature Page for the Notice of Privacy Practices

By signing below, I acknowledge that I have seen a copy of the Notices of Privacy Practices and been given the opportunity to read it.

Signature: _____

Printed Name: _____

Signature of Personal Representative: _____

Description of Representative's Authority to Act on behalf of patient:
