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Patient Instructions:

Please complete by signing and dating the Patient's Acknowledgment's section below.

RETURN THIS PAGE TO OUR OFFICE

Patient's Acknowledgement:

I hereby acknowledge that I have been provided with the practice's NOTICE OF PRIVACY PRACTICES and that I have read and fully understand the notice. I have been provided the opportunity to ask questions about the notice and my questions have been answered to my satisfaction.

Patient Name (Print)

Patient Signature (or Person authorized to sign consent for patient)

Date

If patient is a minor, person authorized to sign

Relationship to patient:

Signature of Witness: _____

Date: _____

Who may we speak to regarding your medical care :

(PLEASE LIST: doctors, family, friends, etc.)

Notice Effective Date: April 14, 2003