



**Receipt of Notice of Privacy Practices
Written Acknowledgement From**

I, _____, have received a copy of MARK R. COMARATTA’s Notice of Privacy Practices.

I give my permission to release information regarding my medical condition and treatment to the following persons:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Signature of Patient

Date Signed
