

GEORGES A. BAHRI, M.D.
FADY A. BAHRI, M.D.
FARID HAKIM, M.D.
KAMAL BOHSALI, M.D.



**BAHRI ORTHOPEDICS
& SPORTS MEDICINE
CLINIC, P.A.**

Acknowledgement of Receipt of Notice of Privacy Practices

PF-2000

BAHRI ORTHOPEDICS & SPORTS MEDICINE CLINIC, P.A. reserves the right to modify the privacy practices outlined in the notice.

I have received a copy of the *Notice of Privacy Practices* for
BAHRI ORTHOPEDICS & SPORTS MEDICINE CLINIC, P.A.

Name of Patient (*Print or Type*)

Date of Birth

Signature of Patient

Date

Signature of Patient Representative

(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient