

DANIEL L CASSIS MD PA

4302 ALTON ROAD SUITE 100 | MIAMI BEACH, FL 33140

Phone: (305) 535-7404 | Fax: (305) 535-7408 | info@drdanielcassis.com | www.drdanielcassis.com

**PATIENT ACKNOWLEDGMENT OF THE NOTICE OF PRIVACY PRACTICES AND
CONSENT TO USE AND DISCLOSE HEALTH INFORMATION**

I acknowledge that I was provided with a copy of Daniel L Cassis MD PA Notice of Privacy Practices describing how Daniel L Cassis MD PA may use and disclose my health information under federal law. Provided that Daniel L Cassis MD PA continues its good faith effort to comply with the requirements of the federal privacy law, I hereby consent to the use and disclosure of my health information for the purposes and activities permitted under the federal privacy law, which are described in the Daniel L Cassis MD PA Privacy Practices.

Patient Name (print)

Date

Signature of Patient or Personal Representative

If personal representative, personal representative's authority to act