



NEPHROLOGY
ASSOCIATES, P.A.

NOTICE OF PRIVACY PRACTICES

Acknowledgement of Receipt

I, _____ acknowledge receipt of Nephrology Associates, P.A.'s notice of Privacy Practices which was effective April 1, 2025.

PATIENT SIGNATURE: _____

PATIENT PRINTED NAME: _____

DATE SIGNED: _____

Staff signature: _____

Title: _____

Date: _____