

Joseph Selem, M.D.

Tel: 305.444.0221 • Fax: 305.444.0223

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I give permission to The Selem Center to contact the names listed below in regards to my medical care. Contact Number Name Relationship Name Relationship Contact Number Name Contact Number Relationship I have received a copy of this office's Notice of Privacy Practices. Please Print Name Signature Date For Office Use Only We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because: ☐ Individual refused to sign ☐ Communications barriers prohibited obtaining the acknowledgement ☐ An emergency situation prevented us from obtaining acknowledgement ☐ Other (Please Specify):

CORAL GABLES LOCATION
814 Ponce de Leon Blvd.
Suite 510
Coral Gables, Florida 33134

MIAMI LOCATION 3850 SW 87th Avenue Suite 304 Miami, FL 33165