Clearwater Pain Management

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Board Certified in Pain Management

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Anil Ladhani, MD
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Board Certified in Pain Management

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have been offered the opportunity to obtain a Notice of Privacy Practices from Clearwater Pain Management Associates, Inc.

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Signature of Patient/Authorized Representative **Date**

_____ _____

Printed Name of Patient/Authorized Representative **Date**

If Authorized Representative, Relationship to Patient: _____

_____ _____

Witness Signature **Date**

I Request/Decline the Notice of Privacy Practices.

_____ _____

Signature **Date**