

Date _____

IQBAL SAEED, M.D., LLC

2227 Drake Avenue, Suite 7A • Huntsville, Alabama 35805

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received a copy of the "Notice of Privacy Practice" adopted by Iqbal Saeed, M.D., LLC. I understand that if I have any questions about the "Notice of Privacy Practice," I may contact the Office Manager at (256) 489-9741. The address of Iqbal Saeed, M.D., LLC is: 2227 Drake Avenue • Suite 7A • Huntsville, Alabama 35805.

Printed Name of Patient or Legal Guardian

Date

Signature of Patient or Legal Guardian

PLEASE LIST THE PERSON(S) WHOM YOU AUTHORIZE THE OFFICE TO SPEAK OR RELEASE INFORMATION ON YOUR BEHALF

Name(s)

Relationship to Patient

