VAVA CLINIC

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Naples, FL 34120
(239) 331-8520 • Fax: (239) 331-8564

Receipt of the Privacy Policies Hand-Out

By signing this form I,_____ acknowledge that I have received a copy of the Privacy Policies for the office of Dr. Vava Y. Nyanudor, M.D.

_____
Signature of Patient or Legal Guardian/Representative

_____
If signed by Legal Guardian/Representative, relationship to patient

_____
Date received and signed

_____ _____
Patient Date of Birth Patient Social Security Number

_____
Signature of Witness