

# ACKNOWLEDGEMENT OF REVIEW OF SHASHI S. BELLUR, MD, PA NOTICE OF PRIVACY PRACTICES

I HAVE REVIEWED SHASHI S. BELLUR, MD, PA'S NOTICE OF PRIVACY PRACTICES, WHICH EXPLAINS HOW MY MEDICAL INFORMATION WILL BE USED AND DISCLOSED. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A COPY OF THIS DOCUMENT.

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Signature of Patient or Patient's Representative

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Date

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Name of Patient or Personal Representative

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Relationship to Patient

I hereby authorize the staff of Dr. bellur's office to disclose any medical information and/or appointments to the following person(s).

Name/DOB:

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Name/DOB:

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Name/DOB:

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Name/DOB:

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