

**Stacey J. Kruger, M.D. & Associates, P.A.**  
**9035 Sunset Drive, Suite 203**  
**Miami, FL 33173**

**ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES  
Dated December 1, 2005**

I, (name of patient) \_\_\_\_\_, acknowledge and agree that I  
have received a copy of **Stacey J. Kruger, M.D. & Associates, P.A.**'s  
Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Legal Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Representative

\_\_\_\_\_  
Relationship to patient

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**FOR CLINIC USE ONLY:**

**Stacey J. Kruger, M.D. & Associates, P.A.** made the following good faith efforts to obtain the  
above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices: