

**Bartholomew Thomas Vereb, M.D., M.A.**

Child & Adolescent Psychiatry

General Psychiatry

Dynamic Health Associates, P.A.  
5015 Manatee Avenue West, Suite 106  
Bradenton, Florida 34209-3835

+1.941.792.8600 tel  
+1.941.798.3603 fax  
www.PsychiatryBradenton.com

**NOTICE OF PRIVACY PRACTICES  
PATIENT ACKNOWLEDGEMENT**

I understand that, under The Health Insurance Portability and Accountability Act of 1996 (HIPAA) I have certain right to privacy in regards to my protected health information (PHI).

I have received, read and understood The Notice of Privacy Practices.

The practice reserves the right to change the terms of its Notice of Privacy Practice. I understand the Practice will provide current Notice of Privacy Practice on request.

I, the patient, or the legal guardian/parent of the patient, acknowledge that a paper copy of the document was offered to me today.

I have elected to:

1) Take a printed copy of this document with me today

2) I refuse the printed document at this time.

I will access, read, download, or print this document from the web site of this practice

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Patient's Parent/Guardian Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship to the Patient \_\_\_\_\_

\*\*\*\*\*

I was unable to obtain the patient's signature: Name \_\_\_\_\_ Sign here \_\_\_\_\_

Date \_\_\_\_\_

Reason \_\_\_\_\_ (May use back of page.)