

**MALE FERTILITY & SEXUAL MEDICINE SPECIALISTS
MARTIN BASTUBA, M.D., F.A.C.S.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____ acknowledge that I have received a
Patient's Name

copy of the "Notice of Privacy Practices" per HIPAA. This notice describes how Dr. Bastuba, his staff and business associates may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Signature of Patient or Personal Representative

Date

Relationship to Patient