



**NOTICE OF PRIVACY POLICY
PATIENT ACKNOWLEDGEMENT**

Milford Office
905 Main Street
Milford, Ohio 45150

Hyde Park Office
2711 Madison Road
Cincinnati, Ohio 45209

I, _____, hereby acknowledge that I was given a copy
Parent/Guardian Name
of the notice of Privacy Policy issued by ENGLENDER, SPER AND DRASNIN, M.D.'s, INC.
on the date indicated below.

Signature of Parent/Guardian

Date

Name of Patient(s)

Date of Birth

Relationship to Patient(s): _____

Witness

Date