



**Haim D. Blecher, M.D.**  
*Board Certified*  
Fellowship Trained Spine Surgeon

**Acknowledgement of Receipt of the Notice of Privacy Practice**

*Revised June 16, 2010*

By signing this document, I acknowledge that I have received a copy of the “Notice of Privacy Practices” from University Spine Associates, P.A..

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**Signature of Patient or Legal Guardian/Representative**

**Date**

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**Print Name of Patient**

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**If not signed by the patient, Print Name of Legal Guardian and relationship**