

P A T I E N T   C O N S E N T   F O R M

**Receipt of Notice of Privacy Practices Written Acknowledgement Form**

I, \_\_\_\_\_ have received a copy of Coastal Thoracic Surgical Associates Notice of Privacy Practices.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Representative's Signature (If patient is a minor or unable to sign)

Please print and complete this form. Bring it to your appointment or fax it to us at 910.251.3760.