



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

I, \_\_\_\_\_, have received a copy of  
David L. Durst, M.D. Notice of Privacy Practices.

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

\_\_\_\_\_  
Date

.....

**Identity Theft Prevention Policy and Procedure Manual**

I, \_\_\_\_\_, understand a copy is available upon  
request.

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

\_\_\_\_\_  
Date