
MICHAEL SETZEN, MD, FACS, FAAP

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have read a copy of Michael Setzen
Otolaryngology, P.C. Notice of Privacy Practices.

Signature of Patient

Date

I hereby authorize you to notify/discuss my medical condition with the following:

PMD

Family Member

Family Member

Family Member