NASHAT Y. GABRAIL, M.D., INC.
dba GABRAIL CANCER CENTER

4875 Higbee Av. NW, Canton, Ohio 44718
PH (330) 492-3345 FX (330) 492-0462

340 Oxford St., Suite 110 Dover, Ohio 44622
PH (330) 365-2135 FX (330) 364-9195

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name:_________________________________ ID Number: _______________

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices of NASHAT Y. GABRAIL, M.D., INC.

____ ______________________
Signature of Patient or Personal Representative Date

____ __________________________________
Print Name of Patient or Personal Representative Description of Representative's Authority

CONTACT INFORMATION

The contact information of the patient or personal representative who signed this form should be filled in below.

Address:

____

____

Telephone:

______________________ (daytime)

______________________ (evening)