



***Dr. Fuad Afzal and Dr Sayed Husain  
Mid-Florida Kidney and Hypertension Care, P.L.  
Main office  
631 Palm Springs Dr Suite 104  
Altamonte Springs, FL 32701  
407-265-2540 office***

**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_ have received the Notice of Privacy Practices from  
Mid-Florida Kidney and Hypertension Care, P.L.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**In the event a patient refuses or is not able to sign, a staff member will complete below.**

In lieu of patient signature I, \_\_\_\_\_, a staff member of Mid-Florida  
Kidney and Hypertension Care, P.L. states that \_\_\_\_\_ has been  
given our current Notices of Privacy Practices.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**If you need immediate assistance or have further questions, please ask one of the  
staff members.**

**Thank you**