Murat Bankaci M.D., P.C.

Murat Bankaci, M.D., F.A.C.S.
Diplomate American Board of Otolaryngology
Fellow American College of Surgeons

Ear, Nose, and Throat
Otolaryngic Allergy
Audiology
Vestibular Testing

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I _____ acknowledge that I have received the Notice of Privacy Practices for Murat Bankaci, M.D., P.C. Provided below are family members or other significant individuals whom I wish to participate in my health care needs.

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Please indicate to which statements you agree:

- Messages may be left on my home answering machine
- Messages may be left on my work voicemail
- Messages may be left on my cell phone
- Information may be released only to me and is not to be left on any electronic device

Name of Patient

_____ _____

Signature of Patient
(or patient's legal representative)

Date of Receipt

_____

Personal Representative Information (if applicable)

_____

Name of Personal Representative

Revised: November 7, 2016

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