

**Behavioral Health Centers of Sarasota**  
**6075 Rand Blvd., Suite 1, Sarasota, FL 34238**  
**Phone (941) 921-2792 | Fax (941) 925-2438**

**PROVIDERS**

Stephen G. Huk, MD  
 Gleydys Salgado Cardoso, MD  
 Rocio Puentes, MD

Erin Canuteson-Morales, LCSW  
 Daniel Huk, LMHC

**HIPAA ACKNOWLEDGEMENT OF RECEIPT**  
**NOTICE OF PRIVACY PRACTICES**

Patient Name: \_\_\_\_\_

I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document updated November 14, 2014.

Signature of Patient/  
 Patient's Representative \_\_\_\_\_

Printed Name  
 of Signee \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION TO VERBALLY OBTAIN/RELEASE/EXCHANGE PHI**

I hereby authorize Behavioral Health Centers of Sarasota to verbally release, receive from, or exchange with the names below. Please **circle** any or all that apply.

Name	Type of Information		
	Scheduling	Billing	Treatment
	Scheduling	Billing	Treatment
	Scheduling	Billing	Treatment
	Scheduling	Billing	Treatment

This authorization has no expiration date, but I understand that I may revoke this authorization at any time by providing a written statement to our office.

Signature of Patient/  
 Patient's Representative \_\_\_\_\_

Printed Name  
 of Signee \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Date \_\_\_\_\_