

**Acknowledgement of Review of Notice of Privacy Practices
Dallas-Fort Worth Sarcoma Group, P.A.
Gerhard E. Maale, M.D.
Jorge Casas-Ganem, M.D.**

I have received a copy of this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am responsible for review of this document.

Print Patient Name

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority