

**DR. GARY L. CURSON**

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We are required by law to maintain the privacy of any provide individuals with this notice of our legal duties and privacy practices with respect to protect health information. If you have any objects to this form, please ask with your HIPAA compliance officer in person or by phone at our main phone number.

Signature below is only acknowledgement that you have received this notice of our privacy practices:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_