Acknowledgement of
Receipt of Notice of Privacy Practices

Every individual has the right to adequate notice of 1.) The uses and disclosures of protected health information that we may make; 2.) Your rights; and 3.) Our legal duties with respect to protected health information. If you have any questions about the Notice you have received, please contact the Privacy Officer in the office.

I acknowledge that I have received a copy of the attached Notice of Privacy Practices of Health Information.

I am: the patient the patient's representative or
(Please circle one) Guardian

Signature: _____

Please Print Name: _____

Date: _____

Please sign this page and return it to the person who gave you the notice.
Thank you.

Note: If unable to obtain written acknowledgement of receipt of Notice of Privacy Practices, Please specify reason below, with signature and the date: