



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available at the front desk, and I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____

Date: _____

If patient is a minor please indicate relationship to patient:

Parent or guardian of minor _____

Guardian or conservator _____

Beneficiary of patient _____

Name of patient: _____