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 is posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Print Name: _____ Date: _____

Signature: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- o Parent or guardian of minor
- o Guardian or Conservator of an incompetent patient
- o Beneficiary or personal representative of diseased patients

Name of patient: _____