



## Acknowledgement of Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices provides information on how our practice may use or disclose your protected health information as permitted under federal and state law. A copy of our Notice of Privacy Practices can be obtained from the front desk.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If not signed by patient, please indicate relationship to patient and patient's name:

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Relationship

*Exceptional People, Extraordinary Care.*