

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

Signed: _____

Date: _____

Print Name: _____

Telephone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Other _____