

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we will provide you, copies of the current notice are available at any of our office locations.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient or Patient’s Representative

Date

Print Name

Relationship to Patient

Please contact our Privacy Official should you have questions concerning this notice.