



Acknowledgement of Receipt of Notice of Privacy Practices

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish..

- **I acknowledge that I have received a copy of this office's Notice of Privacy Practices.**

Name - First: _____ Last: _____

Signature: _____

Date: _____