



Acknowledgement of Notice of Privacy Practices

By signing this form, you acknowledge that you have received our "Notice of Privacy Practices" (the "Notice"). This Notice describes in detail how we might use or disclose your protected health information. The Notice also discusses your rights and our duties with respect to your protected health information. You have the right to review the Notice before signing this acknowledgment.

Signature or Patient or Legally Authorize Representative

DATE

Printed Name of Patient or Legally Authorized Representative

RELATIONSHIP TO PATIENT

If the patient refused or was unable to acknowledge the Notice of Privacy Practices, please explain why:
