

**ACKNOWLEDGMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

Protecting the privacy of your personal health information is important to us. Our Notice of Privacy Practices details how information about you may be used and disclosed and how to get access to that information.

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read them and understand them.

Patient Name (please print)

Date

Patient Signature, Parent, Guardian or Patient's legal representative

I acknowledge that I was provided a copy of the Notice of Privacy Practices and decline the opportunity to read them.

Patient Name (please print)

Date

Parent, Guardian or Patient's legal representative