

ACKNOWLEDGMENT OF RECEIPT

OF

NOTICE OF PRIVACY PRACTICES

*****Our Notice of Privacy Practices hangs on the wall in the waiting area for you to read, or we will provide a type-written copy for you to take home. (Please advise the receptionist if you require a copy to take home.) *****

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Patient Name (please print)

Date

Parent or Authorized Representative (if applicable)

Signature