

PRIVACY PRACTICES

Please complete this form on your computer, print and bring to your appointment. OR, you may print and complete manually.



Acknowledgement of Receipt of Notice of Privacy Practices

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)

Parent or Authorized Representative (if applicable)

X _____ Date: _____
Signature of Patient (or parent, if minor)