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) Date

_____

Parent or Authorized Representative (if applicable)

_____

Signature

PLEASE PRINT THIS PAGE AND BRING WITH YOU TO YOUR APPOINTMENT