



Patient Name: _____ DOB: _____

Privacy Notice Acknowledgement

Federal law requires that we provide you with a copy of our Privacy Notice. The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice.

If you have any questions about the Privacy Notice, please feel free to direct these to our Privacy Officer at any time. The name and contact number of the Privacy Officer is listed on your copy of the notice.

Patient/Patient Legal Representative Signature:

By Signing below, I acknowledge that I have received a copy of the Privacy Notice.

Patient/Legal Representative Signature: _____

Relationship: _____ Date: _____