

## Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have been provided with a copy of Notice of Privacy Practices on this date.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_

**Call Number:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Date of Service:** \_\_\_\_/\_\_\_\_/\_\_\_\_