



SECTION A: The Patient

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Social Security Number: _____

SECTION B: Acknowledgement of Receipt of Privacy Practices Notice.

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above named practice.

Signature: _____ Date: _____

If a personal representative signs this authorization on behalf of the individual complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

**ACKNOWLEDGEMENT OF RECEIPT OF
PRIVACY PRACTICES NOTICE**