



RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES

Our notice of privacy practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, there will be a revised copy available in our waiting room.

By signing below, you acknowledge that you have received a copy of our notice of privacy practices on the date indicated below.

Patient Name

Patient/Responsible Party Signature

Date