



Acknowledgement 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, you may obtain a revised copy simply by asking or by requesting one in writing. One will be provided to you.

By signing below, you acknowledge that you have been informed that there is a Notice of Privacy Practices in our office and they you may acquire a written copy upon request.

Client Name (Please print)

Client/Responsible Party Signature

Date