

**Notice of Privacy
Practices Patient
Acknowledgement**

Patient Name: _____ Date of Birth: _____

I have read this practice's Notice of Privacy Practices written in plain language. The Notice* provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice's legal duties with respect to my protected health information.

This practice reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain this practice's current Notice of Privacy Practices on request.

*Revised September 23, 2013



Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative of patient): _____