

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I, _____ **(Printed Patient Name)**,
do hereby acknowledge receipt of a copy of the Notice of Privacy Practices, Policies
and Procedures.

Signature of patient (or parent/guardian): _____

Date: _____

*If and only if this form is signed by Parent/Guardian, please also
print name here:* _____

*If and only if this form is signed by a Personal Representative for the patient, please
complete the following:*

Signature of Personal Representative: _____

Date: _____

Legal Authority of Personal Representative: _____