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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I was offered a copy of this medical offices Notice of Privacy Practices dated September 1, 2003. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I can request a copy of the current Notice of Privacy Practices at any time. A copy of any amended Notice of Privacy Practices will be available at each appointment.

NEW PATIENTS

- I am declining a copy of the Notice of Privacy Practices at this time, but will acknowledge that I can request a copy at any time.
- I have received a copy of the Notice of Privacy Practices.

ESTABLISHED PATIENTS

- I am declining a copy of the Notice of Privacy Practices amended on September 1, 2003 at this time, but acknowledge that I can request a copy at any time.
- I received a copy of the amended Notice of Privacy Practices dated September 1, 2003.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate the relationship:

- Parent or guardian of minor patient.
- Guardian or conservator of an incompetent patient.

Name and address of patient: _____

