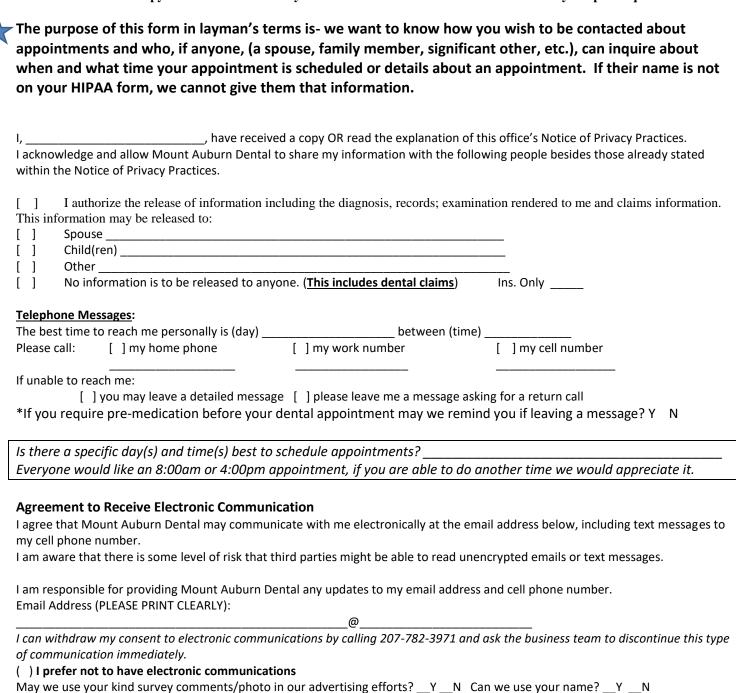
## HIPAA PRIVACY FORM Acknowledgement of Receipt of Notice of Privacy Practices

**Purpose:** This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

\*\*You may refuse to sign this acknowledgement\*\*

A copy of the Notice of Privacy Practices is at the front desk and available to you upon request.



This **Release of Information** will remain in effect for one year or until terminated by me in writing.

Patient Signature: