



Section A: The Patient

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Social Security Number: _____

Section B: Acknowledgement of Receipt of Privacy Notice

I, _____, acknowledge that I have received a Notice of Privacy Practices from the above named practice.

Signature: _____ Date: _____

If a person representative signs this authorization on behalf of the individual, please complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____