

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Federal privacy rules require that we make a “good faith effort” to obtain your acknowledgement of having received or having the opportunity to receive a copy of our “NOTICE OF PRIVACY PRACTICES”. We are also required to keep track of which version of the Notice you received. You may receive additional copies of this Notice whenever you request them. You may be asked to sign an additional Acknowledgement at that time. You are not required to sign this form.

**My signature and date below indicates that I have received or have had the opportunity to receive a copy of the Notice of Privacy Practices with the effective date of April 14, 2003.**

---

Patient or Parent/Guardian Signature

---

Date