



I hereby acknowledge that I have been offered a copy of this office's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the reception area, and that any amended Notice of Privacy Practices will be available at each appointment.

Patient Signature: _____ Date: _____

Print Name: _____ Telephone: _____

If NOT signed by the patient, please sign below.

Signature: _____ Date: _____

Print Name: _____ Telephone: _____

Indicate relationship:

Parent or guardian of minor patient

Guardian or conservator of an incompetent patient