



Patient Instructions

Please complete by signing and dating the Patient's Acknowledgments's section below.

RETURN THIS PAGE TO OUR OFFICE

Patient's Acknowledgement

I hereby acknowledge that I have been provided with the practice's NOTICE OF PRIVACY PRACTICES and that I have read and fully understand the notice. I have been provided the opportunity to ask questions about the notice and my questions have been answered to my satisfaction.

Patient Name: _____

Patient Signature: _____ Date: _____

If minor or Unable to sign
State Reason: _____

Person Authorized to sign consent
for Patient _____

Relationship
to Patient: _____

Signature of Witness: _____

Date: _____

Who may we speak to regarding your medical care?

(PLEASE LIST: Doctors, family, friends)

Notice Effective Date: April 14, 2003