



Acknowledgement of Receipt of HIPPA Privacy Notice

I acknowledge that I have been given a copy of the HIPPA Privacy Notice. I have reviewed the HIPPA Privacy Notice and have had the opportunity to ask any questions I may have regarding the information presented in the notice. Such questions have been answered to my satisfaction. The undersigned signs this document either as the Patient or as the agent or representative of the Patient authorized to execute this document and to accept and agree to its terms on behalf of the Patient.

Client Name (please print)

Client Signature

Date