**ACKNOWLEDGMENT**

**OF**

**NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was offered a copy of the Notice of Privacy Practices and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices. I understand that this form will be placed in my patient chart and maintained for ten years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

*THIS FORM WILL BE PLACED IN THE PATIENT’S CHART AND MAINTAINED*

*FOR TEN YEARS.*