



Notice of Privacy

Our notice of privacy practices provides information about how we may use and disclose protected health information about you. It also provides information about your rights as a patient of our practice and whom you may contact at our office to ask any questions about our privacy practices.

By signing this form, you agree that you have had the opportunity to read our notice of privacy practices.

I have received a copy of the notice of privacy practices.

Patient name (please print)

Social Security Number

***Signature of patient/representative

Date