

(Insert Practice Logo and Information here)

Acknowledgment That You Have Received Our Privacy Notice

(Insert practice name here) is required by law to keep your health information safe. This information may include the following:

- notes from your doctor, teacher, or other health care provider
- medical history
- test results
- treatment notes
- insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared. It also tells you how you can look at and comment on your information.

By signing this page, you are saying that you have been given a copy of our privacy notice.

Patient/Representative Signature

Patient name (print)

Date

Patient Representative (print)

Relationship to patient