

Please print and sign.



HIPPA Acknowledgement

**Protecting Your
Confidential Health Information
Is Important To Us**

Notice of Privacy Practices

Patient Acknowledgment

Patient Name(s): _____

Thank you very much for taking time to review our HIPPA Statement and how we are carefully using your health information. If you have any questions we want to hear from you. If not we would appreciate very much your acknowledging that the terms have been read and understood.

Patient Signature: _____

Date: ____ / ____ / ____