



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

Medical groups must provide patients with a notice describing how protected health information may be used and disclosed. This information includes patients' rights and the medical group's duties.

The Notice of Privacy Practices for Family Doctor Clinic is posted in the main lobby of the clinic and can be viewed on our website at www.familydoctorclinic.com.

_____ I acknowledge that I have been informed that I can request a copy of Family Doctor Clinic's Notice of Privacy Practices.

_____ I have received a copy of Family Doctor Clinic's Notice of Privacy Practices.

Print Patient's Name

Patient's Signature

Patient Representative/Relationship

Date