

Written Acknowledgement Form

Our Notice of Privacy Practices provides information about how we may use and disclose PHI about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

I, _____ (Please print patient name) have reviewed and been offered a copy of Family Practice Associates' Notice of Privacy Practices.

I have had an opportunity to read the Notice of Privacy Practices.

I understand that I may ask questions to Family Practice Associates if I do not understand any information contained in the Notice of Privacy Practices.

Patient Signature

Date

Authorized Representative of Patient

Relationship to Patient

Date