



My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices* (Version Effective 9/9/2013).

Signature of Patient or Legal Representative _____

Date _____

If signed by legal representative, relationship to patient _____

[To be completed if patient refuses to sign acknowledgement]

Patient was provided with a copy of the *Notice of Privacy Practices* (Version Effective 04/14/03)

on (date) _____ by (name of person providing the Notice) _____