ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE FOR HEALTH CARE PROVIDERS

| I, | , do hereby acknowledge |
|--|------------------------------|
| receipt of a copy of the Notice of Privacy Pract | ice, Policy, and Procedure. |
| | |
| | |
| Signature of Individual | |
| | |
| | |
| Date | |
| | |
| | |
| IN THE EVENT THIS NOTICE IS RECEIVED I | BY THE INDIVIDUAL'S PERSONAL |
| REPRESENTATIVE | |
| | |
| | |
| Signature of personal representative | Date |
| | |
| | |
| Legal authority of personal representative | |