## $\frac{\textbf{PATIENT WRITTEN ACNKOWLEDGEMENT CONFIRMING RECEIPT OF}}{\textbf{PRIVACY NOTICE}}$

I have received theHIPAA Privacy Notice.	
Till 7/74 Tilvacy Notice.	
Patient Signature	Date
Authorized Representative Signature*	Date
Relationship to Patient	Date
1	
*if patient is a minor or otherwise has an authorized rep	resentative.