



Receipt of Notice of Privacy Practices Written Acknowledgment Form

Practice Name: The Remedy

I am a patient of _____. I hereby acknowledge receipt of The Remedy's Notice of Privacy Practices.

Name [please print]: _____

Signature: _____

Date: _____

OR

I am a parent or legal guardian of _____ [patient name]. I hereby acknowledge receipt of _____'s Notice of Privacy Practices with respect to the patient.

Name [please print]: _____

Relationship to Patient: _____ Parent _____ Legal Guardian

Signature: _____

Date: _____