

PRIVACY PRACTICES ACKNOWLEDGEMENT

[Retain this page in Patient records]

Privacy Notice Amendment September 2013

I have had the opportunity to read the Patient Privacy Notice for this practice. I understand that I may ask for a copy to take with me at any time, and that an appointed person is available to answer any questions that I may have now, or in the future, regarding the use on my Personal Health Information.

patient signature

date

practice witness

date

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