

<p style="text-align: center;"><b>About Our Notice of Privacy Practices</b></p>
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We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our obligations under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this Notice.
- The person to contact for further information about our privacy practices.

We are required by the law to give you a copy of this notice and to obtain your written acknowledgement that you have received or declined a copy of this notice.

**Patient Acknowledgement**

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

*OR*

I, \_\_\_\_\_, hereby decline receipt of a copy of the Notice of Privacy Practice.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Patient's Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Legal Authority to Act on Behalf of Patient