

# Acknowledgement of Receipt of Notice of Privacy Practices

Purpose: This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.

**Dr. Paul Burton**

## Acknowledgement of Receipt of Notice of Privacy Practices

I \_\_\_\_\_, have received a copy of this  
office's Notice of Privacy Practices.

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(Please Print Name)

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Signature

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Date