

All Patients:

We are required to inform of our company policy on Privacy Practices.

The attached sheet is for you to keep and read.

This green sheet is to be signed by you as verification for our records that you have received this information from our company. Please leave only the signed sheet on the counter.

Thank You!

Total Family Healthcare, PC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The undersigned Patient or legally authorized representative of the Patient acknowledges that he or she personally received a copy of the Notice of Privacy Policies on the date indicated below.

Patient Name: _____ Date: _____

Signature: _____