



**Acknowledgment of Receipt of Privacy Policy**

The *Privacy Policy and Procedures* provides information about how we may use and disclose protected health information. Please review this notice carefully, and feel free to contact Dr. Maker with any questions. As noted in the *Policy and Procedure* document, the terms of this notice may change. If so, you may obtain a copy of the revised document by contacting me at the number above.

By signing below, you acknowledge receipt of the *Privacy Policy and Procedures*, and consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have a right to revoke this consent in writing as noted in the *Privacy Policy and Procedures*, except where disclosure has already occurred in accordance with your consent.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_  
(Parent or Guardian if under 18)

Relation to Patient: \_\_\_\_\_

Date: \_\_\_\_\_