



**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, acknowledge that I was given a copy of the A&D Family Clinic's Health Notice of Privacy Practice (NPP) at the time of my visit and, furthermore, that I was given the opportunity to read the NPP and have a qualified staff member to answer my questions regarding its content.

\_\_\_\_\_  
Signature of Patient/Representative

\_\_\_\_\_  
Date