

BROOMFIELD FAMILY PRACTICE

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, _____, ACKNOWLEDGE RECEIVING AND
PATIENT'S NAME (PRINT) DATE OF BIRTH

READING A COMPLETE COPY OF THE NOTICE OF PRIVACY PRACTICES ON _____. I DATE

FURTHER ACKNOWLEDGE THAT, AS OF TODAY'S DATE, I HAVE NO QUESTIONS REGARDING THE NOTICE
OF PRIVACY PRACTICES.

SIGNATURE OF PATIENT/GUARDIAN