



## BROOMFIELD FAMILY PRACTICE NOTICE OF PRIVACY PRACTICES

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, \_\_\_\_\_, acknowledge receiving and  
(Patients 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