



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