Prana Health
Ad Vitam - For Life

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required by law to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of this notice. You may refuse to sign this form if you wish.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS OFFICE PRIVACY PRACTICES.

PLEASE CLEARLY PRINT NAME

SIGNATURE

DATE

Please list any family members whom we may release any of your medical information to: (lab results, x-ray results, etc.)

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