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## **Notice of Privacy Practices**

Dear Patients:

Although our office has always treated medical records as confidential, our government now wants you to receive a written copy of how this office protects your health records. A written copy of our privacy practices is available for you to take home and read at your convenience, as well as posted in our office. Additionally, please sign this acknowledgment form indicating that we have provided this information to you.

Thank you,

Dr. Matthew H. Conrad, M.D. P.A.

**I HEARBY ACKNOWLEDGE THAT I HAVE SEEN AND CAN RECEIVE A COPY OF THIS CLINIC'S NOTICE OF PRIVACY PRACTICES.**

Patient Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

This is a permanent part of this medical record and shall be retained with the chart. If records are thinned this form remains part of the primary record.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_