

NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT OF RECEIPT

The First Choice Healthcare Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we are providing you, copies of the current notice may be obtained at First Choice Healthcare.

Name of Patient: _____

Date of Birth: _____

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient or Patient's relative

Date

Print Name

Relationship to Patient