



By signing this form, you acknowledge that you have received our "Notice of Privacy Practices" (the "Notice"). This Notice describes in detail how we might use or disclose your protected health information. The Notice also discusses your rights and our duties with respect to your protected health information. You have a right to review the Notice before signing this acknowledgment.

By signing this form, you further acknowledge that medical information collected at Multicare Specialists will be stored in a medical records system and kept securely in line with state and federal regulations.

Signature of Patient or Legally Authorized Representative

Date

Printed Name of Patient or Legally Authorized Representative

Relationship to Patient

Date of Birth _____

If the patient refused or was unable to acknowledge the Notice of Privacy Practices, please explain why:

