

**ACKNOWLEDGMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was given the opportunity to read the Notice of Privacy Practices (revised 2013) either in hardcopy or by accessing a copy in the Practice website at [www.Chattafac.com](http://www.Chattafac.com) under the New Patient tab. A Summary of Privacy Practices is also posted in the waiting room for me to review.

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Patient Name (Please Print)

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Authorized Representative (if applicable)

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Signature

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