

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We are required to make a reasonable effort to have you sign the following form stating that you have reviewed our Notice of Privacy Practices. If you choose not to sign, please note your refusal below.

Thank you,
Dr. Fidler

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized individual signature

Date

Printed Name

Relationship

Print name here if opting for right of refusal

Please return this form to the receptionist.