

BRIAN P. MEKELBURG MD

# Acknowledgement of Receipt of Notice of Privacy Practices

---

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If not signed by patient, please indicate relationship to the patient:

Parent or Guardian of Minor Patient

Guardian or Conservator of Incompetent Patient

Please print name of patient: \_\_\_\_\_