
Acknowledgement of Receipt of Notice of Privacy Practices

Acknowledgment

I hereby acknowledge that the Raby Institute for Integrative Medicine has given me a copy of its Notice of Privacy Practices.

Patient Name (printed)

Patient Signature

Date

Guardian Signature (if patient is under 18)

Date

Your signature acknowledges that you have been given the Raby Institute for Integrative Medicine's Notice of Privacy Practices. It does not imply your agreement with the information contained in the notice.