

Acknowledgement of Receipt of Notice of Privacy Practices

Our HIPPA Policy is available in the waiting room. Please list the people that we may discuss your health information and other personal information with.

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

In the event that we are unable to reach you by telephone, who may we leave a message with "to call Dr. Ross' Office?"

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

(Please Print Name)

(Signature)

(Date)