

# **Acknowledgement of Receipt of Notice of Privacy Practices**

Purpose: This form is used to obtain acknowledgment of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

**Dr. Paul Burton &  
Dr. Ryan Moore**

## **Acknowledgement of Receipt of Notice of Privacy Practices**

I \_\_\_\_\_, have received a copy of this  
office's Notice of Privacy Practices.

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Signature

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Date