

Acknowledgement of Receipt of Notice of Privacy Practice

I have received the Notice of Privacy Practices for Beckman & Associates. Beckman & Associates may share my health information with:

_____ Myself/Guardian: _____

_____ My spouse: _____

_____ Other friends/family: _____

Patient name: _____

Patient/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____