

**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: \_\_\_\_\_