



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

I acknowledge that I received the NOTICE OF PRIVACY PRACTICES for:

**Pinnacle ENT Associates, LLC**

Name of Patient: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_  
(Or patient’s personal representative, parent or guardian)

Personal representative, parent or guardian information (if applicable):

Name: \_\_\_\_\_

Relationship to patient (or other authority) \_\_\_\_\_

**I hereby authorize you to discuss or release any of my information to the following: (such as spouse, parent, and/or family member)**

<b>Name</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____

Signature of Patient or Personal Representative: \_\_\_\_\_