



## **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) \_\_\_\_\_