



Acknowledgement of Review of Notice of Privacy Practices

(From the Premier Family Care I, Inc. Web Site)

I have reviewed an *internet online* copy of this office's "Notice of Privacy Practices". This notice explained how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this notice if I so desire.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority

