

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Your privacy and the privacy of your protected health information are important to us. To provide you with health care, we must share your protected health information.

Our Notice of Privacy Practices (NPP) gives you information about how we may use and disclose your protected health information. You have the right to review our NPP before signing this Acknowledgement.

Our privacy practices may change over time. If we change our NPP, we will provide you with a new copy the next time you receive care.

I have read the above. I have received a copy of the Oak Creek Relief & Wellness "Notice of Privacy Practices".

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Personal Representative

\_\_\_\_\_  
If Personal Representative, describe relationship