

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received the Notice of Privacy Practices from Maletta Pfeiffer & Associates.

X _____ Date: _____

In lieu of patient signature, I, _____, a staff member of Maletta Pfeiffer & Associates, state that _____ has been given our current Notice of Privacy Practices.

X _____ Date: _____

BELOW IS FOR OFFICE USE ONLY

____ Patient accepted copy of Notice of Privacy Practices _____

____ Patient refused copy of Notice of Privacy Practices _____