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**Acknowledgement of Receipt of Notice of Privacy Practices**

I hereby acknowledge that I received a copy of Dr. Susan Stuart's notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the reception area, and that I will be offered a revised copy at my next appointment if the Notice of Privacy Practices has been amended.

**Date:** \_\_\_\_\_

**(PRINT) Name of Patient:** \_\_\_\_\_

**Responsible Party:**

**Self /** Patient Signature: \_\_\_\_\_

**Other /** Responsible Party Signature: \_\_\_\_\_

Responsible Party (*PRINT*) your name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please indicate your relationship:

Parent or guardian of minor patient

Guardian or conservator of incompetent patient

Beneficiary or personal representative of deceased patient