

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

I, \_\_\_\_\_, have received the Notice of Privacy Practices from FRANCE AVE. FAMILY PHYSICIANS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account #: \_\_\_\_\_

In lieu of patient signature I, \_\_\_\_\_, a staff member of FRANCE AVE. FAMILY PHYSICIANS, state that \_\_\_\_\_ has been given a copy of our current Notice of Privacy Practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_