

**Advanced Laparoscopic Associates, P.C.**

Receipt of Notice of Privacy Practices

Written Acknowledgement Form

I, \_\_\_\_\_, have received a copy of Advanced Laparoscopic Associates, P. C. Notice of Privacy Practices. The Notice provides in detail the uses and disclosures of my protected health information (PHI).

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Chart #

Relationship to Patient (if signed by a personal representative of patient:

\_\_\_\_\_  
Patient Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date