

CHICKAHOMINY FAMILY PRACTICE, INC.

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Providence Forge, VA 23140
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Written Acknowledgement Form

Our Notice of Privacy Practices provides information about how we may use and disclose PHI about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy.

I, _____ (Please print patient name) have received a copy of Chickahominy Family Practice, Inc.'s Notice of Privacy Practices.

I have had an opportunity to read the Notice of Privacy Practices.

I understand that I may ask questions to Chickahominy Family Practice, Inc. if I do not understand any information contained in the Notice of Privacy Practices.

Signature of patient or parent/guardian

Date

Authorized Representative of Patient

Relationship to Patient

For office use only

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials	Reason