

## NOTICE OF PRIVACY PRACTICES —ACKNOWLEDGEMENT

By signing this form, you acknowledge that you have read and or are in receipt of the **Notice of Privacy Practices** of Russell W. Faria, DO PC. Our **Notice of Privacy Practices** provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by: (accessing our web site at: <http://www.drvaria.net> or contacting our front office

I acknowledge that I have read or are in receipt of the **Notice of Privacy Practices** of Russell W. Faria, DO PC.

Signature: \_\_\_\_\_  
(patient/parent/conservator/guardian)

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