

Receipt of Notice of Privacy Practices Written Acknowledgement Form

I am a patient of Dr. Jalovec's. I hereby acknowledge receipt of Dr. Jalovec's Notice of Privacy Practices.

Names (print): _____

Signature: _____ Date: _____

Or

I am a parent or legal guardian of _____ (patient name),
a patient of Dr. Jalovec's. I hereby acknowledge receipt of Dr. Jalovec's Notice of Privacy Practices with
respect to the patient.

Names (print): _____

Relationship to Patient: Parent Legal Guardian

Signature: _____ Date: _____