

**ACKNOWLEDGEMENT OF RECEIPT OF THE  
NOTICE OF PRIVACY PRACTICES  
OF  
Plaza Family Care**

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_ of  
Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone  
No: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that I have received from Plaza Family Care a copy of its Notice of Privacy Practices. I understand that the Notice of Privacy Practices sets forth my rights relating to the use and disclosure of my personal health information and explains how Plaza Family Care may use and/or disclose my personal health information both with and without my authorization. I further understand that I may contact the Privacy Officer if I have any questions regarding the contents of this Notice of Privacy Practices or to file a complaint about the privacy practices of Plaza Family Care.

\_\_\_\_\_  
Signature of Patient or Patient's  
Representative

Date