

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have been notified that a copy of **ENT & FACIAL PLASTIC SURGERY, P.A.'s** (the "Practice") Notice of Privacy Practices (the "Notice") is posted in the clinic and available for me to read. I understand that I may address any questions or concerns I may have about the Notice to the Practice's Privacy Officer.

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

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian/ Representative  
(if executing on behalf of patient)

\_\_\_\_\_  
Guardian/Personal Representative's Printed Name

\_\_\_\_\_  
Date