



Notice of Privacy Practices
ACKNOWLEDGEMENT OF RECEIPT

Effective Date: August 1, 2013

PLEASE REVIEW CAREFULLY

The Notice of Privacy Practices tells you how the Bethesda Medical Clinic uses and discloses information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you.

I, _____, have been given a copy of the Bethesda Medical Clinic Notice of Privacy Practices.

Individual's Signature

Date

Personal Representative

Date

Signature of witness

Date