

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES FOR PROTECTED HEALTH INFORMATION**

I acknowledge that I have received Nolan Robison Foundation, Inc.'s Notice of Privacy Practices for protected health information.

Date: _____

Name of Patient: _____

Print Name

Signature of Patient/Personal Representative

Notes: This written Acknowledgement must be completed after August 12, 2015. This Acknowledgement must be retained in the patient's permanent records.