

Notice of Privacy Practices

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Middletown Family Care Associates, LLC. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully.

I, _____ acknowledge receipt of the Notice of Privacy Practices.
(Print name)

(Patient or Guardian Signature)

Date

