

Banister-Lieblong Clinic

2425 Dave Ward Drive

Suite 401

Conway, AR. 72034

(501) 329-3824

NOTICE OF PRIVACY PRACTICES:

Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Banister-Lieblong Clinic. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our clinic at (501) 329-3824.

If you have any questions about our *Notice of Privacy Practices*, please contact our Privacy Official, Diane Sponer, at (501) 329-3824.

I acknowledge receipt of the *Notice of Privacy Practices* of Banister-Lieblong Clinic.

Signature (Patient or Patient Representative)

Date

TO BE COMPLETED ONLY IF NO SIGNATURE IS OBTAINED.

If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Signature of Patient Representative

Date