

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number: 505-323-0800.

Signature below is only acknowledgement that you have had the opportunity to review, and or have received a copy of our Privacy Practices Notice.

PATIENT NAME

PATIENT SIGNATURE

DATE

D A V I D   A .   B E R N I T S K Y   M . D .

