

	(Please print.)			
Patient N	lame:			
MRUN:				
* OR *				
,	Attach patient label here.			

## NOTICE OF PRIVACY PRACTICES Acknowledgement of Receipt

I acknowledge that I have rece Privacy Practices.	eived a copy of the National Jev	wish Health's Notice of
Patient Signature	Parent/Guardian (if Patient is minor/mentally impaired)	Relationship to Patient
Witness Signature	inpaired)	Date