

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, a patient, have received the Notice of Privacy Practices from Dr. Michael W. Johnston, MD.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you authorize anyone to discuss protected health information? If yes, whom?

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FOR STAFF PURPOSES ONLY:

In lieu of patient signature, I, \_\_\_\_\_, a staff member of Dr. Michael W. Johnston, MD, state that \_\_\_\_\_ has been given our current Notice of Privacy Practices.