

CARY HEALTHCARE ASSOCIATES, P.A.  
222 Ashville Avenue, Suite10  
Cary, NC 27518

**Notice of Privacy Practices  
Acknowledgement**

\_\_\_\_\_ I acknowledge that I have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_ I acknowledge that I have refused to accept a copy of the Notice of Privacy Practices.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Patient (or authorized Representative)