

Cary Healthcare Associates, PA

301 Ashville Ave. Suite 111

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)