

Acknowledgement - Review of Notice of Privacy Practice

I have been informed of this office's Notice of Privacy Practice, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Date

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Description of Personal Representative's Authority

CHARLES B. MALLETT, MD

Effective April 14, 2003, this office is required by law and regulation (HIPAA) to protect the privacy of your medical information. For your convenience we have provided a "notice of Privacy Practice" that we encourage you to review. This Notice is in a holder on the wall to the right of the receptionist window, and posted on our website (drcharlesmallett.com). You may also ask the receptionist for a copy of this document. Please sign the attached "Acknowledgement of Review" and return it to the front desk.

Thank you.

Charles B Mallett, MD and Staff