



**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, \_\_\_\_\_ have received a copy of  
**Patient Name** **Date of Birth**  
Northeast Surgical Group, P.C.'s Notice of Privacy Practices.

\_\_\_\_\_  
**Signature of Patient OR Legally Responsible Party**

\_\_\_\_\_  
**Date**