

## **Acknowledge of Review of Notice of Privacy Practices**

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.

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Signature of Patient or Personal Representative

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Date

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Name of Patient or Personal Representative

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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](http://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