



## Acknowledgement of Receipt of Notice of Privacy Practices

### Alpine Physicians, LLC

This is to acknowledge my receipt of Alpine's Notice of Privacy Practices (effective date December 8, 2011) on the date stated below.

\_\_\_\_\_  
Patient's or Personal Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Address

\_\_\_\_\_  
Name of Personal Representative  
(If applicable)

\_\_\_\_\_  
Description of Representative's Authority to  
Act for the Patient  
(If applicable)

\_\_\_\_\_  
Witness