

MORGAN KALMAN CLINIC, P.A.

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES
DATED SEPTEMBER 23, 2013**

By signing this Acknowledgement of Receipt document, I acknowledge that on the date indicated below I received from Morgan Kalman Clinic, P.A. a copy of the Notice of Privacy Practices updated as of September 23, 2013.

Signature: _____

Name (Please print): _____

Date of Receipt: _____

OFFICE USE ONLY

Date acknowledgement received: _____

Or

Date and reason acknowledgement was not obtained:

By (Signature): _____

Name (Please Print): _____