

PF-2000 Acknowledgement of Receipt of Notice of Privacy Practices

Synergy Studio reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for **Synergy Studio**.

Name of Patient _____

Signature of Patient _____

Date _____

Signature of Patient Representative (Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient
