

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from Amarillo Family Physicians Clinic, P.A., with the effective date of July 1, 2013.

X _____ **Date:** _____

In lieu of patient signature, I, _____, a staff member at Amarillo Family Physicians Clinic, P.A., state that _____ has been given our current Notice of Privacy Practices with an effective date of July 1, 2013.

X _____ **Date:** _____