



Notice of Privacy Practices Acknowledgment

By signing this form, you acknowledge that Pathway Health Clinic has made available to you the Notice of Privacy Practices from Pathway Health Clinic. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change.

If the Notice is changed, you may obtain a revised copy by visiting our website at www.pathwayhealthclinic.org or on request from our staff.

I acknowledge that Pathway Health Clinic has made available to me the Notice of Privacy Practices.

Printed Name of Patient / Parent / Guardian

Signature of Patient / Parent / Guardian

Date

Witnessed By Staff

Date