

ARTHRITIS CONSULTANTS OF TIDEWATER

RHEUMATOLOGY · OSTEOPOROSIS · INTERNAL MEDICINE

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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing below, I am acknowledging that I have been provided with a copy of Arthritis Consultants of Tidewater's Privacy Notice pursuant to the Federal regulations known as HIPAA Privacy Rule.

Patient Signature: _____ Date: _____

Printed Name: _____ Date: _____