



319-337-2135  
1505 Mall Drive, Iowa City, IA 52240

**ACKNOWLEDGMENT OF RECEIPT**

**OF**

**NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the notice.

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Patient Name (please print)

Date

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Parent or Authorized Representative (if applicable)

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Signature