

Receipt of Privacy Notice

Date:	
I,or	
I,or (Patient name – please print name)	(Legal guardian – please print name)
for(Patient name – please print name)	, agree that I have received a copy of the
(Patient name – please print name)	
"Lifespan Summary Notice of Privacy Practices".	
Signature:(Patient or Legal Guardian for	
(Patient or Legal Guardian for	Patient)
Relationship to Patient:	
Witness:	
Title:	