

Acknowledgment of Notice of Privacy Practices

Prchal & Prchal PC
2809 Old Dawson Rd. Albany GA 31707
2298883937

The law requires that Prchal & Prchal PC make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

I was given the opportunity to read, have read or had explained to me Prchal & Prchal PC's Notice of Privacy Practice prior to any services offered.

The Notice of Privacy Practice could not be read due to the emergent nature of the care and will be acquired when possible

I authorize Prchal & Prchal PC to release my personal health information to the following individuals:

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient Signature Date

If you are signing as a personal representative of the patient, please indicate your relationship. If you are signing for a minor, you attest that you have legal authority to make medical decisions for the minor.

Representative Signature Relationship to Patient