

### **Acknowledgement of Receipt of Privacy Policy**

By signing this form, you are agreeing that you have been given a copy of the Jennifer Murdock MD, PLLC Privacy Policy, which describes how we use and disclose your health information. By signing below you acknowledge that you have read, understand, and agree with the Privacy Policy. You have the right to sign this Acknowledgement. In the case that we do not receive a signed Acknowledgement, we must document our good faith effort to obtain your signed acknowledgement and reason why it was not obtained.

Receipt of Privacy Policy received by:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_