



**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, have read a copy of **Progressive Ear, Nose**
Patient Name

and Throat Associates, p.c. 's Notice of Privacy Practices.

Signature of patient

Date

I hereby authorize you to notify/discuss my medical condition with the following:

PMD _____

Family member _____

Family member _____

Family member _____