



10208 Cerny Street - Suite 308 | Raleigh, NC 27617 | P 919-797-0550 | F 919-381-4621

## **WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES**

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our Practice Manager.

I, \_\_\_\_\_ have received a copy of Sentinel Primary Care's Notice of Privacy Practices.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_