



***This Notice is effective as of October 6, 2016***

***HIPPA ACKNOWLEDGEMENT RECEIPT***  
**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_ , hereby acknowledge that I

have received and reviewed a copy of AMT's Notice of Privacy Practices.

I understand that the Notice of Privacy Practices may be revised from time to time and that I am entitled to receive a copy of any revised Notice of Privacy Practices upon request.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date