



Acknowledgement of Receipt of Notice of Privacy Practices

Your name and signature on this sheet indicate that you have received a copy of Sollay's Notice of Privacy Practices on the date indicated. If you have any questions regarding the information in Sollay's Privacy Practices, please do not hesitate to contact a clinic representative or Sollay's Patient Privacy Officer as indicated on your Notice.

Patient Name: _____

If Patient Representative, Name (Printed) _____

If Patient Representative, Relationship to Patient (Printed)

Signature _____

Date Notice Received _____