

**MOWERY CLINIC, LLC
ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I received a copy of Mowery Clinic's Notice of Privacy Practices with the effective date of April 14, 2003.

Patient's Full Name Printed

Date of Birth

Signature of Patient or Patient Representative

Date Signed

Printed Name of Patient Representative

Relationship to Patient

Original to be maintained in Patient's permanent medical record.