



Dr. Dean Burget, MD
Dr. Jason Hendrix, DO
Dr. Stephen Schleicher, MD
Amy Hendrix, CRNP
Jamie LaPorte, PA-C
Todd Staub, NP-C

3317 PENN AVENUE • WEST LAWN, PA 19609 • PHONE: (610) 750-7891 • FAX: (610) 750-7896

Notice of Privacy Practices Patient Acknowledgment

Patient Name: _____ Date of Birth: _____

I have received and/or reviewed this practice's **Notice of Privacy Practices**. This Notice provides details about the uses and disclosure of my protected health information that may be needed by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with the respect to my information.

I understand that this practice reserves the right to change the terms of its **Notice of Privacy Practices**, and to make any changes regarding all protected health information residing or controlled by this practice. I understand that I may obtain this practice's current **Notice of Privacy Practices** upon request.

Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative of the patient)
