DILIGENT MEDICA L CARE

4038 Gap Rd, Ste 101
Knoxville, TN 37912
Ph.(865) 689-5757

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Diligent Medical Care is required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and / or disclose your health information. Please sign this form to acknowledge receipt of the notice. You may refuse to sign if you wish.

Name: _____

I acknowledge that I have received a copy of this office's Notice of Privacy Practices and I had the opportunity to review it.

Signature: _____

Date:___ / ___ / _____