

Notice of Privacy Practices Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of United Medical Clinic of DE, LLC. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully.

I, _____ acknowledge receipt of the Notice of Privacy Practices.
(Print name)

(Patient or Guardian Signature)

Date



We strive for your family's
health & wellness!

www.umclinic.net