



Acknowledgement of Receipt of  
Notice of Privacy Practices for Protected Health Information

I, \_\_\_\_\_ (print patient name),  
do hereby acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and  
Procedures.

(Patient Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

In the event this request is made by the patient's representative/guardian:

\_\_\_\_\_

In the event this request is made by the patient's representative/guardian:

(Representative/Guardian) (Date)

\_\_\_\_\_  
*Magnolia Personalized Medicine*, Staff/Witness (Date)

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