



## Patient Acknowledgement and Consent

I have been given a copy of CMA's Notice of Privacy Practices, version effective September 1, 2013. I consent to the uses and disclosures of my health information as outlined in the notice.

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Signature of Patient (or Representative)

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Date

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Print Name

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Relationship of Representative to Patient

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Office Account Number

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### FOR CMA USE ONLY

If acknowledgement of receipt of the Notice of Privacy Practices is NOT obtained from the patient or the patient's representative, please explain your efforts to obtain acknowledgement and the reason you could not obtain it:

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