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I, _____, have had the opportunity to review the Notice of Privacy Practices.
Patient Name
I decline the right to receive a personal copy at this time. I am aware that I may request a copy at any time and that the Notice is readily available to me.

_____ _____
Signature of Patient Date

----------OR----------

I, _____, have reviewed an office copy of Dr. DeShazo's Notice of Privacy Practices and have received a personal copy of the policies.

_____ _____
Signature of Patient Date

For Office Use Only

Date	Description of Disclosure	Description of PHI	Who Requested	To Whom Disclosed	Approve Deny	Reason Comments