

Family Care Center
1305 E 19th Ave
Winfield, KS 67156-5201
(620) 221-9500

NOTICE OF PRIVACY PRACTICES

PATIENT ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of the organization's Notice of Privacy Practices.

Patient Name:	Patient Date of Birth:	Patient Social Security #:

Signature of Patient/Representative

Relationship of Representative

Date

Other persons authorized to receive information about this patient are:

Name	Relationship
_____	_____
_____	_____
_____	_____