



NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGMENT FORM

1216 16th St. W. • Alpine Village Suite 21 • Billings, MT 59102 • (406) 969-4340 • www.PicturePerfectUltrasound.com

Our Notice of Privacy Practices (“Notice”) provides information about:

1. The privacy rights of our patients; and
2. How we may use and disclose protected health information about our patients.

Federal regulation requires that we give our patients or their authorized representatives our Notice before signing this acknowledgment.

By signing this form, you are only *acknowledging* that you have been provided our Notice.

Signature of Patient or Authorized Representative

Printed name of Patient or Authorized Representative

Date: _____