Healing Minds, PLC

Gurjot K. Marwah, M.D.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____ acknowledge that I have received
(Name of Patient)

a copy Healing Minds, PLC "**Notice of Privacy Practices**". This Notice describes how Healing Minds, PLC may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

_____ _____
(Signature of Patient or Personal Representative) (Date)

_____
(Relationship to Patient)