

BUTLER COUNTY CLINIC, P.C.
BUTLER COUNTY HEALTH CARE CENTER

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

I have received a copy of the Butler County Clinic, P.C./Butler County Health Care Center's combined Notice of Privacy Practices.

Full Name of Patient
(Print):

Patient's Date of Birth:

Patient's Signature:

Signed for Patient By:

Relationship to Patient:

Reason Patient Cannot
Sign:

Date:

Witnessed By:

COMMENTS: