

**Family Practice Center, Inc.
365 S Crownhill Rd
Orrville, OH 44667
(330) 682-3075**

**Receipt of Notice of Privacy Practices 4-14-2003
Written Acknowledgement Form**

I, _____, have received a copy of Family Practice Center, Inc.'s Notice of Privacy Practices.

Signature of Patient

Date Signed

Signature & Relationship of Signer if not patient

Date Signed

Signature of Witness

Date Signed