

**GREATER BADEN MEDICAL SERVICES, INC.**

**Acknowledgement of Receipt of Notice of Privacy Practice**

I \_\_\_\_\_, have received the Notice of Privacy Practices from Greater Baden Medical Services, Inc.

**X** \_\_\_\_\_

Date: \_\_\_\_\_

In Lieu of patient signature, I \_\_\_\_\_, a staff member of Greater Baden Medical Services, Inc., state that \_\_\_\_\_ has been given our current Notice of Privacy Practices.

**X** \_\_\_\_\_

Date: \_\_\_\_\_