

Acknowledgement of Receipt of the Notice of Protected Health Information

The Village Doctor, P.C.
10222 Warwick Blvd
Newport News, VA 23601

I have received a copy of the Notice of Privacy Practices regarding my Protected Health Information (PHI) from The Village Doctor, P.C.

Patient Name

DOB _____

Patient/guardian signature

Date _____

Received by _____ on _____
(employee) (date)

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