



NORTHWEST NEUROSPECIALISTS PLLC

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, _____, acknowledge that I have received a
Patient's Name – please print

copy of Northwest NeuroSpecialists' Notice of Privacy Practices.

Please Note:

As required by current law, you may select one or both of the following options. Currently NNS does not conduct any fundraising activities and does not offer secure email communications.

- I would like to receive fundraising solicitations.
- I would like to receive communications via secure email to the address of:

Signature of Patient

Date

Printed name if signed on behalf of the patient

Date