

**Notice of Privacy Practices  
Acknowledgement**

**First Choice Medical Care, PLLC**

If you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Officer, First Choice Medical Care, PLLC, 1950 Cook Street, Suite C & D, Dyersburg, TN 38024.

I hereby acknowledge that I have been presented with a copy of First Choice Medical Care's "Notice of Privacy Practices".

Signature: \_\_\_\_\_

Patient name (printed): \_\_\_\_\_

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