

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: _____