

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT**

Richard N. Sherman, M.D., APMC is required by law to maintain the privacy of my health information and provide me with a notice of his legal duties and privacy practices with respect to my information. I may request the most current copy of this notice at any time and Dr. Sherman reserves the right to revise this notice at any time.

By signing below, I acknowledge that a copy of the Notice of Privacy Practices was made available to me.

Print Name of Patient

Date

Signature of Patient or Legal Guardian