Batish Family Medicine
Caring for you and your family

PO Box 837
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AFFIRMATION OF HAVING READ THE NOTICE OF PRIVACY PRACTICES

Please sign this affidavit after having read, or been given the opportunity to read, the Batish Family Medicine Notice of Privacy Practices.

I have been presented with a copy of the Batish Family Medicine Notice of Privacy Practices and have been offered a paper copy of this notice.

I, _____ affirm that I have read

the Batish Family Medicine Notice of Privacy Practices.

I am willing to share my medical information with the following person or persons:

_____

_____

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_____

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_____

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Signature_____

Date_____