

ENT ASSOCIATES OF WESTERLY, LTD.  
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I \_\_\_\_\_ acknowledge that I have received a copy of ENT Associates of Westerly, Ltd.'s, Notice of Privacy Practices. This notice describes how ENT Associates of Westerly, Ltd. may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

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Signature of Patient, or Guardian

Date

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Relationship to Patient

Copy available at office if needed/wanted.