

Acknowledge of Receipt of the Allergy & Asthma Affiliates, Inc. Notice of Privacy Practices

By signing this document, I acknowledge that I have received a copy of the Allergy & Asthma Affiliates, Inc. Notice of Privacy Practices.

Signature

Date

Printed Name

For Allergy & Asthma Affiliates, Inc. Use Only

Date acknowledgment received: _____

OR

Reason acknowledgment was not obtained: _____
