



Competence, Compassion...Convenience
Trusted expertise, close to home™

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

VALLEY UROLOGICAL ASSOCIATES reserves the right to modify the privacy practices outlined in this notice.

I have received a copy of the Notice of Privacy Practices for
VALLEY UROLOGICAL ASSOCIATES.

Name of Patient

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship to Patient