



***Acknowledgement of recipient of
form of notice of Privacy Practices***

I understand and have been provided with Dearborn Allergy & Asthma Clinic Notice of Privacy Practices that provides a more complete description of information uses and disclosures. Dearborn Allergy & Asthma Clinic reserves the right to make changes to their Privacy Notice and revised copies are available. By signing this form, I acknowledge that I have been afforded the opportunity to consider Dearborn Allergy & Asthma Clinic Notice of Privacy Practices prior to signing this consent and making healthcare decisions.

Patient Name: _____

Signature of Patient or Legal Guardian: _____

Date: _____