



Foley Family Practice, P.C.

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PF-2000 Acknowledgment of Receipt of Notice of Privacy Practices

Foley Family Practice, P.C. reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for **Foley Family Practice, P.C.**

Name of Patient (Print or Type)

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 of Patient Representative to Patient