

Acknowledgement of Receipt of Notice of Privacy Practices

Alpine Clinic, LLC

This is to acknowledge my receipt of Alpine's Notice of Privacy Practices (effective date December 8, 2011) on the date stated below.

Date of Patient's or Personal Representative's
Signature

Signature of Patient or Personal Representative

Patient's Name

Patient's Address

Name of Personal Representative
(If applicable)

Description of Representative's Authority to
Act for the Patient
(If applicable)

Witness