



HIPAA PRIVACY NOTICE
ACKNOWLEDGEMENT

I acknowledge that I have received and been given the opportunity to read The Huxford Clinic Privacy Notice dated March 14, 2017. I understand that a copy of the Notice will remain on my possession. If I have any questions concerning the Privacy Notice, I may contact the following person:

Privacy Officer
The Huxford Clinic
106 Strange Road
Starkville, Mississippi 39759
662-268-5042

Patient Name

Date