

**Zarzar Psychiatric Associates, PLLC**

**Receipt of Notice of Privacy Practices  
Written Acknowledgement Form**

I, \_\_\_\_\_, have had opportunity to review and receive  
Patient Name

a copy of Zarzar Psychiatric Associates, PLLC's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 4 digits of SS#

\_\_\_\_\_  
Patient Name had opportunity to receive and review

a copy of Zarzar Psychiatric Associates, PLLC's Notice of Privacy Practices, but  
declined to sign the Written Acknowledgement Form.