

**W. David McDonald, Ph.D.**  
**Notice of Privacy Practices Acknowledgment**

**I, \_\_\_\_\_, acknowledge I have received a copy of  
the notice of privacy practices.**

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Name of Patient or Personal Representative (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient (or other authority to serve)