

# Covenant Multispecialty Group, LLC

## Privacy Practices and Individual Rights Acknowledgement

I acknowledge by signing below that I have been given the opportunity to read the Notice of Privacy Practices and Individual Rights (Summary version) and had the opportunity to obtain a copy of the Privacy Practice and Individual Rights (Full version).

Patient or Patient's Parent/Guardian/Guarantor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Patients covered by this agreement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Optional** - I authorize this acknowledgement to be in force for any child in the future not currently named for whom I am the caregiver whether by adoption, birth, or guardianship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date