

**NEPHROLOGY & HYPERTENSION, PC**  
**NOTICE OF PRIVACY PRACTICES AND ACKNOWLEDGEMENT**

I, the undersigned, acknowledge receipt of the Notice of Privacy Practices.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

If **Personal Representative's** signature appears above, please describe **Personal Representative's** relationship to the patient.

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To be filed and retained for a minimum of 6 years  
Form 101