

**Acknowledge of Receipt of the  
Allergy & Asthma Associates, Inc.  
Notice of Privacy Practices**

By signing this document, I acknowledge that I have received a copy of the Allergy & Asthma Associates, Inc. Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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**For Allergy & Asthma Associates, Inc. Use Only**

Date acknowledgment received: \_\_\_\_\_

OR

Reason acknowledgment was not obtained: \_\_\_\_\_

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