



### Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices from Alabama Sleep Therapy. The Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The Notice of Privacy Practices is subject to change. If the Notice is changed, you may obtain a revised copy upon request from our staff.

I acknowledge receipt of the Notice of Privacy Practices from Alabama Sleep Therapy.

Signature: \_\_\_\_\_  
(Client / Parent / Guardian)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Witness)

Date: \_\_\_\_\_