

**Center for Endocrine Health**

1751 Old Pecos Trail Ste I

Santa Fe, NM87505

**PRIVACY NOTICE SIGNATURE FORM**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name of Patient: \_\_\_\_\_

Birth date: \_\_\_\_\_

Name of Authorized Representative (if applicable): \_\_\_\_\_

Signature of Patient or Authorized Representative:  
\_\_\_\_\_

Comments of Center for Endocrine Health regarding why a written acknowledgement was not obtained: \_\_\_\_\_  
\_\_\_\_\_