

Timothy F. Kelly, MD PA

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Thank you for choosing **Timothy F. Kelly, MD, PA** for your healthcare needs.

We are required by law to provide you with a copy of our updated Notice of Privacy Practices. To ensure that our records are accurate, please sign this form and return it to our receptionist to acknowledge that you have been provided with a copy of our Notice.

Patient Name (Print)

Signature

Date