

2304 Wesvill Court, Suite 320  
Raleigh, NC 27607  
T 919-825-3902  
F 919-825-3910



1303 Carthage Street  
Sanford, NC 27330  
T 919-292-2468  
F 919-292-2167

[www.spineandpainassociates.com](http://www.spineandpainassociates.com)

## Written Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our Practice Manager.

I, \_\_\_\_\_

have received a copy of Spine & Pain Associates, PLLC's Notice of Privacy Practices.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_