

Omega Medical Health Systems, Inc.
1200 E. High Street, Suite 106
Pottstown, PA 19464

Acknowledgement of Notice of Privacy Policy

"I hereby acknowledge that I have received a copy of this practice's **NOTICE OF PRIVACY POLICY**. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed above. I further understand that the practice will offer me updates to this **NOTICE OF PRIVACY POLICY** should it be amended, modified or changed in any way."

Patient or Representative Name (please print)

Patient or Representative Signature

Date

Patient Refused to Sign Patient was unable to sign because _____