

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 _____