



**REGENCY HEALING
MEDICAL CLINIC**

Healing And Preserving Our Community

Acknowledgement of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices for the office of Christie Egbuchunam, M.D., detailing how my information may be used and disclosed as permitted under federal and state law.

Signed:

Date:

If not signed by patient, please indicate relationship to patient (e.g., mother) and patient's name.

Patient:

Relationship: