



MyMD Direct, PLLC
6404 Carmel Road, Suite 202
Charlotte, NC 28226
980-498-0160 (phone)
980-498-0159 (fax)
info@MyMDDirect.com

MyMD Direct, PLLC
Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge by signing below that I have been provided with a copy of MyMD Direct, PLLC's Notice of Privacy Practices, as required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**").

I understand that the Notice of Privacy Practices may be changed at any time.

I may obtain a copy of the current Notice of Privacy Practices on the MyMDDirect, PLLC website (www.MyMDDirect.com), or by visiting our office, or by writing to the Privacy Officer at:

MyMD Direct, PLLC
Attn: Privacy Officer
6404 Carmel Road, Suite 202
Charlotte, NC 28226
980-498-0160 (phone)
980-498-0159 (fax)

Patient Signature

Patient Name (Please Print)

Date

Signature of Authorized Person and Relationship to Patient