

**BIO-BEHAVIORAL MEDICAL CLINICS, INC.**  
**Acknowledgment of Receipt of "Notice of Privacy Practices"**

**NOTICE OF PRIVACY PRACTICES  
CONSENT FORM**

By my signature below, I acknowledge that I have been given the opportunity to review  
The **Notice of Privacy Practices** for Bio-Behavioral Medical Clinics.

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Name of Patient or Personal Representative

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Signature of Patient or Personal Representative

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Date

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Description of Personal Representative's Authority