**Audrey F. Echt, M.D., P.A.**
**10931 Raven Ridge Road, Suite 101**
**Raleigh, NC 27613**
**(919) 870-6600**

## RECEIPT OF NOTICE OF PRIVACY PRACTICES
## WRITTEN ACKNOWLEDGEMENT FORM

I, _____, understand that there is a copy
Patient Name

of Audrey F. Echt, M.D., PA's Notice of Privacy Practices in the office and a written copy is available to me upon request.

_____ _____
Signature of Patient or Signature of Parent if Patient is a Minor Date

## RELEASE OF INFORMATION

I authorize the release of any information concerning my (or my child's if patient is a minor) healthcare, advice or treatment to my spouse/parent/other party listed:

Name of Person _____

Name of Person _____

Name of Person _____

_____ _____
Signature of Patient or Signature of Parent if Patient is a minor Date