

1012 West 95th Street
Naperville, IL 60564
Phone: 630-778-4700
Fax: 630-778-4755

RECEIPT OF NOTICE OF PRIVACY PRACTICES

This is written acknowledgement that I, (the patient or legal guardian) have received a copy of DuPage Family Medicine’s Notice of Privacy Practices.

Patient Name: _____

Date of Birth: _____

Patient/Legal Guardian Signature: _____ Date: _____

Relationship to Patient: _____

****You must be able to furnish proof of relationship or authority to act for the patient upon request****