

Pantops Family Medicine

A Division of Anchor Healthcare, PLC
1490 Pantops Mountain Place, Ste. 200
Charlottesville, VA 22911
Phone: 434-979-4440
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**Notice of Privacy Practices
Patient Acknowledgement**

Patient Name: _____

Date of Birth: _____

I have received and understand Pantops Family Medicine’s Notice of Privacy Practices, written in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice’s legal duties with respect to my information.

I understand this practice reserves the right to change the terms of its Notice of Privacy Practices and to make changes regarding all protected health information resident at, or controlled by this practice. If changes to the policy occur, this practice will provide me a revised Notice of Privacy Practices upon request.

Signature: _____

Date: __/__/__