

HIPAA NOTICE OF PRIVACY PRACTICES

Marija Petrovic MD, LLC

I, _____ (print name) do
acknowledge with my signature below that I have received a copy of the
Marija Petrovic MD, LLC Notice of Privacy Practices.

I understand that I may ask questions of the Privacy Officer (Marija
Petrovic,M.D.) if I do not understand any information contained in the Notice of
Privacy Practices.

Patient signature

Legal guardian signature (if applicable)

Date