

**HIPAA NOTICE AND ACKNOWLEDGMENT**  
**NICHOLAS COLYVAS, M.D.**

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**ACKNOWLEDGMENT**

I acknowledge that I have reviewed the attached Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
(print name)

If you are signing as the personal representative of the patient, please describe your relationship to the patient: \_\_\_\_\_

(Notice of Privacy Practices to be attached)