

**Notice of Privacy Practices**  
**Tiffany Gorman, M.D. and Christian Fulmer, D.O.**  
**Privacy Officer: Tiffany Gorman, M.D.**  
**Effective Date: April 15, 2003**

I hereby acknowledge that I received or reviewed a copy of this medical practice "Notice of Privacy Practices."

I further acknowledge that a copy of the current notice will be available in the reception area and that I will be offered a copy of any amended "Notice of Privacy Practices" if there are any changes.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

If not signed by the patient, please indicate relationship:

\_\_\_\_\_ Parent or guardian of minor patient

\_\_\_\_\_ Guardian or conservator of incompetent patient