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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND CONSENT FORM**

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**Disclosure of Protected Health Information (HIPPA)**

Kristie Rosser’s written privacy notice provides detailed information on how we may use and disclose protected health information. You have the right to review the written privacy notice prior to signing this acknowledgement and consent form.

By signing this consent form, you are in agreement with our use and disclose of your protected health information used for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we may already made disclosures in reliance on your prior consent. Written notice should be mailed or hand delivered to the following address:

Kristie B. Rosser, APRN, FNP-C  
36 S.1100 E. Suite C  
American Fork Utah 84003

I hereby acknowledge that I have received and had an opportunity to ask questions concerning Kristie Rosser’s Notice of Privacy Practices.

I have read and understand the above statements. My signing this form represents my consent to the above listed use of my protected health information.

I understand that Kristie Rosser’s Notice of Privacy Practices is available to read and download from the website.

( ) I request a written copy

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness Initial \_\_\_\_\_ Date \_\_\_\_\_