



PATIENT LABEL

Charles W. Burns, MSN, NP in Family Health  
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**Receipt of Notice of Privacy Practices Written Acknowledgment Form**

I, \_\_\_\_\_, have received a copy of Charles W. Burns MSN, NP in Family Health’s Notice  
Print Name  
of Privacy Practices, and have also received a copy of this practice’s Financial Policies.

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Signed by: \_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Print Signee’s Name if other than Patient/Relationship to Patient