Chris M. Petras, M.D.

105 Twin Ridge Lane Richmond, VA 23235 804-320-8385	12801 Iron Bridge Rd. Chester, VA 23831 804-796-3997

NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGEMENT

In accordance with federal requirements, I have been informed that this practice has a **Notice of Privacy Practices** written in plain language. The notice provides information regarding the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties and responsibilities regarding my private health information.

I understand that this practice reserves the right to change the terms of its **Notice of Privacy Practices**, and it reserves the right to make changes regarding all protected health information residing at, or controlled by this practice. I understand that I may obtain this practice's current **Notice of Privacy Practices** upon request.

Signature: ______________________________

Date: ______________________________

Signature of Personal Representative (if applicable): ______________________________