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LAWRENCE O'HOLLERAN, M.D.  
1616 E. 19th STREET  
CHEYENNE, WY 82001

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## PRIVACY PRACTICES ACKNOWLEDGEMENT

\*\*\*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT\*\*\*

I ACKNOWLEDGE THIS NOTICE OF PRIVACY PRACTICES WHICH IS DISPLAYED AT THE CLINIC OF LAWRENCE O'HOLLERAN, M.D. AND I HAVE OPPORTUNITY TO REVIEW IT. I CAN OBTAIN A COPY OF THE PRIVACY PRACTICES BY REQUESTING ONE FROM THE CLINIC OF LAWRENCE O'HOLLERAN, M.D.

NAME OF PATIENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIGNATURE OF PATIENT/PARENT/GUARDIAN \_\_\_\_\_  
(CIRCLE ONE)

DATE: \_\_\_\_\_

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FOR OFFICE USE ONLY

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\*\*\*WE ATTEMPTED TO OBTAIN WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES, BUT ACKNOWLEDGEMENT COULD NOT BE OBTAINED BECAUSE\*\*\*

INDIVIDUAL REFUSED TO SIGN  
 NOT RETURNED BY MAIL