

**Urodocs**  
**Modern Compassionate Urology**

**Patient Acknowledgement of Office Privacy Practice**

**I have read and understand the Privacy Practice Policy.  
(It is available on our website as well.)**

**\_\_\_ I have received a copy**

**\_\_\_ I declined to receive a copy**

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)