

**Antonio M. Bird, MD, PA  
5B Doctors Park  
417 Biltmore Avenue  
Asheville, NC 28801  
828-232-1994**

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES**

**Patient name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Maiden or other name (if applicable):** \_\_\_\_\_

I acknowledge that I have received a copy of the Notice of Privacy Practices of Antonio Bird, MD, effective November 25, 2009.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship/authority (if signed by authorized representative):** \_\_\_\_\_