

**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): _____