



**NOTIFICATION AND ACKNOWLEDGEMENT OF  
NOTICE OF PRIVACY PRACTICES  
REGARDING PROTECTED HEALTH INFORMATION**

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a [patient/covered individual] you have a right to a copy of that Notice. You may obtain a copy the Notice from our office at:

LANCE R. BRYCE, MD, PC  
Attention: HIPAA Compliance Officer  
984 South Medical Drive, Suite 2  
Brigham City, Utah 84302

We reserve the right to change the Notice, and if we do, you may obtain a copy of the revised Notice from the same location noted above.

Please acknowledge your receipt of this notification by signing below and returning it to the receptionist. Thank you.

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

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