## JOHN TIERNEY, MD, PLLC

## ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

## Effective date of this notice: August 1, 2014

I have reviewed the office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.	
Signature of Patient or Representative	Date
Description of Representative's Authority	