

**NOTICE OF PRIVACY PRACTICES:**  
Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Notice of Privacy of John E. Winter II, M.D., P.C. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change, and we have reserved the right to change it. If we change our notice, you may obtain a copy of the revised notice by contacting our office.

If you have any questions about our Notice of Privacy Practices, please contact:

John E. Winter II, M.D., P.C.  
2301 House Avenue, Suite 400  
Cheyenne, Wyoming 82001  
(307) 635-4300

I acknowledge receipt of the Notice of Privacy Practices of John E. Winter II, M.D., P.C.

Signature: \_\_\_\_\_ (patient)

OR

I acknowledge receipt of the Notice of Privacy Practices of John E. Winter II, M.D., P.C. on behalf of \_\_\_\_\_.

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

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