

**The Pisgah Institute
158 Zillicoa St.
Asheville, NC 28801**

**Notice of Privacy Practices
Written Acknowledgement Form
(Copy upon Request)**

I, _____, have been offered a copy of **The**
Patient Name (Printed)
Pisgah Institute's Notice of Privacy Practices.

Signature of Patient or Legal Guardian

Date

Printed Name of Legal Guardian
