

Dear **First and Last Name**,

Thank you for using Birdi, Inc. Enclosed is our Notice of Privacy Practices. Please confirm that you have received it by completing and returning the Acknowledgement Form to:

Fax: 877-395-4836

Mail: Birdi
P.O Box 8004,
Novi, Michigan 48376

Thank you and welcome to Birdi.

Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received the Notice of Privacy Practices of Birdi

Please return completed form to:

Fax: 877-395-4836
Mail: Birdi, Inc.
P.O Box 8004
Novi, Michigan 48376

Patient Name (printed): _____

Date of Birth: _____

Address: _____

Patient Signature: _____ Date: _____