



Kishori Somyreddy, MD

PRIVACY PRACTICE

I acknowledge that I have been provided access to Cocheco Neurology Notice of Privacy Practices (NPP). I acknowledge that I can obtain a copy of full NPP from the front office and/or the Cocheco Neurology website (www.cocheconeurology.com). If I have any questions regarding the NPP, I will ask to speak with Cocheco Neurology.

Initial: _____

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Signature (if minor, Legal Guardian): _____