

# ALZHEIMER'S MEMORY CENTER

*Cognitive and Behavioral Neurology*



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## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

**Patient Name** \_\_\_\_\_

I hereby acknowledge that I have received the Notice of Privacy Practices statement of ANI Neurology PLLC dba Alzheimer's Memory Center Care.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_