Exhibit 4

Powhatan Family Physicians, Ltd
Receipt of Notice of Privacy Practices
Written Acknowledgment Form

I, _____, have read a copy of Powhatan Family Physicians, Ltd. Notice of Privacy Practices. *(posted on wall in lobby)*

_____ _____
Signature of Patient/Guardian *Date*

****

I, _____, authorize Powhatan Family Physicians, Ltd to discuss my medical issues with the individual/s listed below: *(over 18 years old)*

	Phone Numbers			
Name	**Home**	**Work**	**Cell**	**Relationship**