

Written Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices. The Notice describes my rights to privacy and how my Protected Health Information may be used or disclosed. I understand that I should read it carefully. I am aware that I may obtain an additional copy of the Notice by calling 847.737.5277, ext. 113 or by requesting one at Stephen H. Borgman's office.

Printed Name

Signature

Date

As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

Printed Name

Signature

Date