

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

Stevanovic Family Clinics, SC

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of the Stevanovic Family Clinics, SC "NOTICE OF PRIVACY PRACTICES" revision date _____.

As required by the Privacy Regulations, _____
from

staff member name

Stevanovic Family Clinics, SC has explained the "NOTICE OF PRIVACY PRACTICES" to my approval.

As required by the Privacy Regulations, I am aware that Stevanovic Family Clinics, SC has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

I wish to file a "Request for Restriction" of mt Protected Health Information.

I wish to file a "Request for Alternative Communications" of my Protected Health Information

I wish to object to the following in the "NOTICE OF PRIVACY PRACTICES"

I understand that this office is not required to honor any changes to the "NOTICE OF PRIVACY PRACTICES".

Print name

Signature

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Effort in Good Faith to obtain: (Describe effort) _____

