## **Acknowledgement of Receipt of Notice of Privacy Practices**



	acknowl	edge that either <i>[please</i>	check appropriate box].
	ceived a copy of Tri State ne Urology Center's Notic	•	.C., Inc dba The Urology
I declined the offered copy of Tri State Urologic Services P.S.C., Inc dba The Urolo Group/The Urology Center's Notice of Privacy Practices.			
Jrology Center may ι	use and disclose my prote	ected health informatior	The Urology Group/The n, certain restrictions on the re regarding my protected
	BOXES BELOW, YOU O		O DISCLOSE
М	essages with APPOINT	MENT or MEDICAL inf	formation
You may se	end information or leave r	nessages of this type vi	a (check all that apply):
	☐ Home phone	□ In-person	
	☐ Work phone	□ Mail	
	☐ Mobile phone	□ Digital	
		□ Voicemail	
//v health Informatio	on can be left/discussed	d with:	
_	wers the phones indicate		
_	wers the phones indicate owing individuals:	d above.	
First Name	Last Name	Relationship to patie	nt Phone number
T II ST T CALL	Zaiot I taii 110	r to ration on p to patie	
(This will exclud	e appointment or medical de your information from other family member.)	-	•
(Signature of patie	nt or Personal Represent	ative)	(Date)
Relationship to pa	tient (if other than patient	<u> </u>	

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