



KIDNEY & HYPERTENSION ASSOCIATES
Your Renal Care Specialists

ACKNOWLEDGEMENT FORM

<i>Acknowledgement of Receipt of Privacy Notice</i>	
I have been presented with a copy of Kidney & Hypertension Associates Tri-fold Notice of Privacy Practices, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following restriction(s) concerning the use of my personal medical information:	
<i>Restriction(s):</i>	
Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignment of benefits apply.	
Signed:	Date:
If not signed by patient, please indicate relationship to patient (i.e. spouse)	
Relationship:	Witnessed by:
<input type="checkbox"/> Patient refused to sign this Acknowledgement.	
Date:	Time:
Employee Name:	