



WRITTEN ACKNOWLEDGEMENT

Our Notice of Privacy Practices provides information about how we may use and disclose private health information about you. As provided in our Notice, the terms of our Notice may change. If we change our Notice of Privacy Practices, you may obtain a revised copy.

I, _____ (patient's name) have been provided a notice of Colon & Rectal Specialists' Notice of Privacy Practices. I understand that I may ask questions of Colon & Rectal Specialists, Ltd. if I do not understand any information contained in the Notice of Privacy Practices.

Patient Signature or Authorized Representative

Date

Relationship (if not signed by patient)

Date

FOR INTERNAL USE ONLY

If the patient/patient's representative refuses to sign this Written Acknowledgement, please document the date and time the Notice of Privacy Practices was presented to the patient and sign below.

Presented on (date and time) _____

By (name and title) _____