

Office 785.856.0224
Fax 785.856.0709



4930 Overland Drive
Lawrence, KS 66049

medimageks.com

Receipt of HIPAA Privacy Policy Notice

Date

Patient Name (Last, first, middle initial)

Patient ID date of birth

I hereby acknowledge that I received the Notice of Privacy Practices from ADVANCED MEDICAL IMAGING, which sets forth the ways in which my personal health information may be used or disclosed by ADVANCED MEDICAL IMAGING, and outlines my rights with respect to such information.

Patient/Patient representative signature

Date