

MIDDLE TENNESSEE UROLOGY SPECIALISTS.

**PF-3000 (b) NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Erica Carter, Office Manger.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

**By my signature below, I acknowledge receipt of the Notice of Privacy Practices.**

\_\_\_\_\_  
**PRINT PATIENT'S NAME**

\_\_\_\_\_  
**PATIENT MRN NUMBER**

\_\_\_\_\_  
Patient or Legally authorized individual signature

\_\_\_\_\_  
Date                      Time

\_\_\_\_\_  
Printed Name if signed on behalf of the patient

\_\_\_\_\_  
Relationship to Patient

**(Notation, if any, by staff)**

**AUTHORIZATION FOR PERSONS TO WHOM INFORMATION MAY BE DESCLOED:**

\_\_\_\_\_  
**Print Name of person/organization**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**Print name of person/organization**

\_\_\_\_\_  
**Relationship to Patient**