

**Notice of Privacy Practices: Acknowledgement of Receipt Form**

***Patient's Acknowledgement of Receipt***

I, \_\_\_\_\_, acknowledge that I have access to the **Notice of Privacy Practices** for Midwest Reproductive Center located on their website [www.midwestreproductive.com](http://www.midwestreproductive.com). I have also been given the opportunity to ask questions about this notice and to request additional restrictions on the Practice's use and disclosure of my personal health information, or to request additional confidential treatment of communications between the Practice and myself or others.

I choose to designate the individuals listed below as my primary contacts. Midwest Reproductive Center personnel may share information with these primary contacts that is consistent with the Notice of Privacy Practices.

Patient's Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Contact Name:	Contact Name:
Relationship:	Relationship:
Phone:	Phone:

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Patient's Signature

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Date