

MIDWEST REPRODUCTIVE CENTER, PA
20375 W. 151st Street, Suite 403
Olathe, KS 66061

Notice of Privacy Practices:
Acknowledgement of Receipt Form

Patient's Acknowledgement of Receipt

I, _____, acknowledge that I have received the *Notice of Privacy Practices*. 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: |

Patient's Signature

Date