

**MIDWEST REPRODUCTIVE CENTER, PA**  
20375 W. 151<sup>st</sup> 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: \_\_\_\_\_

Instructions: List up to (2) primary contacts.  
Listing a spouse/partner is recommended for sharing results.  
Doctors do NOT need to be listed.

May share information with:

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

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Patient's Signature

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Date