KIDNEY HYPERTENSION TRANSPLANT SPECIALISTS

KIDNEY HYPERTENSION & TRANSPLANT SPECIALISTS
PRIVACY PRACTICES ACKNOWLEDGMENT AND REQUESTED RESTRICTIONS

By signing below, you acknowledge that you have reviewed the *Notice of Privacy Practices* prior to any service being provided to you by the Practice, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below. I understand that I am entitled to receive a copy of this document upon request.

I hereby request the following restrictions on the use and/or disclosure (specify as applicable) of my information:

_____

_____

_____

_____

_____

Patient Name: _____
(Please Print Name)

Patient Date of Birth: _____

SIGNATURES:

Patient/Legal Representative: _____ Date: _____

If Legal Representative, relationship to Patient: _____

Witness (optional) : _____Date:_____