

Michigan Kidney Consultants, PC
Notice of Privacy Practices Acknowledgement

Federal law requires that we offer you a copy of our Notice of Privacy Practices and document that we did so. If you would like a copy, simply tell our receptionist.

I acknowledge that I have been offered a copy of the Michigan Kidney Consultants Notice of Privacy Practices.

PLEASE SIGN HERE:

Signature

If you wish to authorize us to release medical information about you to any friends or relatives, please list them below.

Name	Relationship
_____	_____
_____	_____
_____	_____

Is it OK to call you at work? Check one: YES NO

Is it OK to leave a short message on your home or work voice mail?
Check one: YES NO