

MICHIGAN KIDNEY CONSULTANTS, P.C.
Notice of Privacy Practices Acknowledgement

Federal law requires that we offer and provide you with a copy of our Notice of Privacy Practices if requested and document that we do so. If you would like a copy, simply tell the receptionist.

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

PLEASE SIGN HERE: _____

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 OKAY to call you at work? Yes No

Please choose the type of message we may leave on your home or cell voicemail:

Short Detailed None