



465 S. Drake Rd.
Kalamazoo, MI 49009
269-344-7222

1801 W. Centre Ave.
Portage, MI 49024
269-488-8400

Acknowledgement of receipt of Notice of Privacy Practices

*You may refuse to sign the acknowledgment

I, _____, have received a copy of this office's
Notice of Privacy Practices.

Signature: _____ Date: ____/____/____

Release of Information

I, _____, authorize the release of
information including the diagnosis, records, examination rendered to me, and all financial and
insurance claims information.

This information may be released to:

- Spouse: _____
- Child(ren): _____
- Other: _____
- Information is not to be released to anyone.

This Release of Information will remain in effect until terminated in writing.

Signature: _____ Date: ____/____/____

For office use only:

We attempted to obtain acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not
be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify): _____