

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Dayton Kidney respects your privacy and only uses or discloses your medical information when necessary or appropriate. Our Notice of Privacy Practice describes all potential uses and disclosures of your health information by our practice and outlines your medical privacy rights.

I have been provided with a Notice of privacy Practice (available in the medical office waiting area), which provides a more complete description of how my protected health information may be used or disclosed.

I understand that Dayton Kidney reserves the right to change their notice and information practices and that I may obtain a copy of the revised notice by requesting a copy from the medical office.

**In case of an emergency situation, please list anyone we can contact regarding your health/medical information that we can reach out to if we are unable to reach you.** (Example Lab results, instructions from a physician, or appointment information)

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

If we are unable to reach you, may we leave a message at your **home** phone number? Yes \_\_\_ No \_\_\_  
If we are unable to reach you, may we leave a message at your **Cell** phone number? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Please Print Name Date of Birth

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Patient (or patient rep) Signature Today's Date

**FOR OFFICE USE ONLY**

Signed form received by: \_\_\_\_\_

Patient Refused to sign reason \_\_\_\_\_

Please date and initial after reviewed:

Initial/date \_\_\_\_\_ Initial/date \_\_\_\_\_ Initial/date \_\_\_\_\_