

NORTH LIBERTY FAMILY HEALTH CENTRE, P.C.

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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I am aware of the Provider's Notice of Privacy Practices posted at North Liberty Family Health Centre, P.C. The Notice of Privacy Practices describes how identifiable health information may be used and disclosed and states your rights with respect to your medical information.

I understand that North Liberty Family Health Centre, P.C. has the right to revise these information practices and to amend the Notice of Privacy Practices. I understand that in the event that the notice that the notice is revised, the revised Notice will be posted at the North Liberty Family Health Centre, P.C. At any time, upon request, I may obtain a copy of the Privacy Practices Policy.

Printed Patient Name

Signature of Patient/Guardian/Representative

Date signed