

**ACKNOWLEDGMENT OF
RECEIPT OF PRIVACY NOTICE**



Patient: _____

I have been presented with a copy of this Cedar Crest EmergiCenter's Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following restriction(s) concerning my personal medical information:

Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignment of benefits apply.

Signed: _____ Date: _____