

MICHIGAN INSTITUTE OF UROLOGY

PRIVACY PRACTICES STATEMENT ACKNOWLEDGEMENT OF RECEIPT

Patient Name (please print): _____

I, _____, acknowledge that I have read and received a copy of the Privacy Statement from Michigan Institute of Urology.

Patient Signature Date

Personal Representative Signature Relationship to Patient

I do not want "appointment reminders" left on my:

- answering machine/voice mail
- e-mail

Patient Signature: _____ Date: _____

For Office Use Only:

- Patient refused to sign
- Patient unable to sign due to communication/language barrier
- Patient unable to sign due to emergency situation
- Other (Please explain):

Office Representative Signature Date