

NEPHROLOGY ASSOCIATES

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ACKNOWLEDGEMENT OF RECEIPT OF "NOTICE OF PRIVACY PRACTICES"

Please sign below and return this form to the receptionist so that we know you have received our Notice of Privacy Practices.

I acknowledge receipt of the Notice of Privacy Practices prepared by Nephrology Associates. Also, I acknowledge that I have had an opportunity to ask questions about the practice's Notice of Privacy Practices.

Name of Patient or Legal Guardian: (please print)

Signature:

Date