



**RECEIPT OF NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT**

I hereby acknowledge that on _____ I received the Notice
(Date)
of Privacy practice of Vein Care Center which sets forth the ways in which my
personal health information may be used or disclosed by Vein Care Center, and
outlines my rights with respect to such information.

You may disclose my health information to anyone of the following persons (Ex:
Doctors, Family, Employer, etc.):

Signature of Patient/ Legal Representative

Date

LIMA – CELINA – FINDLAY