

ADVANTAGE
—MRI—
Excellence in High Field Imaging

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have either read the facility's copy, or received my own copy of the NOTICE of PRIVACY PRACTICES. I understand the information and that if I have complaints or questions regarding my privacy rights that I may contact the company's Privacy Official.

Patient name: _____

Patient Signature: _____

Date: ___/___/___

Patient refused to sign: ()

Patient is unable to sign because: _____