

O P E N
ADVANTAGE
M R I
We scan with compassion

Acknowledgement of Notice of Privacy Practices

“I hereby acknowledge that I have received a copy of this practice’s NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed below.”

Patient or Representative Name (please print)

Patient or Representative Signature

Date

____ Patient refused to sign

____ Patient was unable to sign because _____

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