



Delaney Radiologists

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

By signing this form, you acknowledge receipt of the Notice of Privacy Practices provided to you by Delaney Radiologists. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose your protected health information. We encourage you to review its contents in full, however your signature on this form only indicates that you have been given the policy.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our organization at (910) 762-3882.

\_\_\_\_\_  
Patient Name (Print or Type)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Legal Guardian

\_\_\_\_\_  
Relationship to Patient