Adrianne M. Balsam, M.D.S.C
4711 Golf Road, Suite 1200
Skokie, Illinois 60076

Dear Patient:

We are required to provide you with a copy of our Notice of Privacy Practices. Please sign below and give this sheet to your doctor so that we may document that you received our Notice.

You may take the attached Notice with you to read at your convenience.

Receipt of Notice of Privacy Practices Form

I, (print your name) _____, hereby acknowledge receipt of the physician's Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available.

Signed: _____ Date: _____

If you are not the patient, please specify your relationship to the patient:

_____