



Receipt of Notice of Privacy Practices
Form

I, _____, hereby acknowledge receipt of the physician’s Notice of
(Patient’s Name)

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 on our website at www.subent.com.

Signed: _____ Date: _____

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

– Patient’s file

Lincoln Park

2518 North Lincoln Avenue
Chicago, Illinois 60614
773-871-4664

Arlington Heights

615 West Euclid Avenue
Arlington Heights, Illinois 60004
773-577-4444

Elgin

320 North McLean Boulevard
Elgin, Illinois 60123
847-931-0800

www.nwdgrp.com