

KANSAS NEPHROLOGY PHYSICIANS, P.A.
ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I have been provided with Kansas Nephrology Physicians, P. A.'s "Notice of Privacy Practices for Protected Health Information (Privacy Notice)" that describes how my medical information is used and disclosed and how I can get access to this information. I understand that Kansas Nephrology Physicians, P. A. reserves the right to change its notice. I understand that I can obtain a new copy at any time by stopping by the office or by contacting the practice's Privacy Officer at (316) 263-7285.

Patient Signature: _____ Dated: _____

Patient Printed Name: _____

Patient Date of Birth: _____

OR

Personal Representative of Patient: _____

Description of Representative's Authority to Act for Patient: _____

Dated: _____