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| Practice: Lifetest Imaging Center |
| Address: 1140 Hammond Drive, Building I, Suite 9120 |
| Privacy Official: Angela Polishan |
| Telephone: (770) 730-0119 |

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.

Print Name of Patient: _____

Signature of Patient: _____ Date: _____

Patient's Date of Birth: _____ Patient's ID/Chart #: _____

For Personal Representative of the Patient: (if applicable)

Print Name of Personal Representative: _____

Describe Personal Representative: _____

Relationship (parent, guardian, etc): _____

Signature of Personal Representative: _____ Date: _____

For Practice Use Only:

Signature of Practice Employee

Date