

**ACKNOWLEDGMENT OF RECEIPT  
NOTICE OF PRIVACY PRACTICES**

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling telephone number 1-800-224-1807 or by requesting one at the following office:

EMG Clinics of Tennessee, PLLC  
3035 N. Highland Ave.  
Jackson, TN 38305

You have the right to request that we communicate with you or your legal guardian in confidence regarding your personal health information.

Please indicate your preference for our communication to you regarding your personal health information.

- |   |  |
|---|--|
| <input type="checkbox"/> Telephone call to your home                | <input type="checkbox"/> Telephone call to your mobile |
| <input type="checkbox"/> Telephone call to your place of employment | <input type="checkbox"/> Telephone answering machine   |
| <input type="checkbox"/> Mail                                       | <input type="checkbox"/> Facsimile                     |

You may change your choice of communication regarding your personal health information at any time. Your request must be made in writing and submitted to our clinic at the address above to the attention of the Privacy Officer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature\*)

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

\* As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship)