

## **ACKNOWLEDGEMENT OF RECEIPT OF LFM&O NOTICE OF PRIVACY PRACTICES**

The Lawrence Family Medicine & Obstetrics' Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this acknowledgement. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting the office manager at 785-331-1700

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

My signature below acknowledges that I have been offered the notice of privacy practices of Lawrence Family Medicine & Obstetrics.

If signed by a Patient Representative, please describe the relationship of the individual signing for the patient.

---

**Patient Name (Please Print)**

---

**Date**

---

**Patient or Representative Signature**

---

**Relationship to Patient**