WILLIAMS INTEGRACARE CLINIC
100 Second Street South, Sartell, MN 56377
(320) 251-2600

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____ acknowledge that I have received, reviewed, understand and agree to the Notice of Privacy Practices of Williams/Integracare Clinic of Sartell, MN which describes the Practice's policies and procedures regarding the use and disclosure of my Protected Health Information created, received or maintained by the Practice.

I authorize Williams/Integracare to reach me by phone at the numbers I have provided to Williams/Integracare in regards to missed appointments, appointment reminders, and general questions. This would include leaving voicemail on answering machines and anyone who may answer the phone. If you have anyone specific whom you ***want*** information released to, please state their name(s) below:

Person/Organization authorized to receive your information

_____ _____

_____ _____

_____ _____

Date Signature of Patient/Parent

_____

Printed name of Patient