



Kendrick Regional Center

Surgical expertise you can trust.

KENDRICK REGIONAL CENTER FOR COLON & RECTAL CARE LLC

**WRITTEN ACKNOWLEDGMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES
OF KENDRICK REGIONAL CENTER FOR COLON & RECTAL CARE LLC**

Patient's Name:			
	_____	_____	_____
	Last	First	Middle Initial
Date of Birth: _____			

I hereby acknowledge that I have received the Notice of Privacy Practices of Kendrick Regional Center for Colon & Rectal Care LLC dated April 14, 2003.

Signature of Patient (or Healthcare Representative)

Date

Printed Name of Healthcare Representative

Relationship to Patient

A copy of this written acknowledgment shall be placed in the medical record.