



**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received Manhattan Diagnostic Radiology’s Notice of Privacy Practices with an effective date of April 14, 2003, and that I understand that if I have any questions regarding this Notice, I may contact the Privacy Officer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent/Guardian(specify which)

\_\_\_\_\_  
Date