

MIDWEST CENTER FOR HUMAN SERVICES, LLP

313 PRICE PLACE, SUITE 10

Madison, WI 53705

(608) 231-3300, Fax (608) 231-0644

PRIVACY PRACTICES ACKNOWLEDGMENT

Acknowledgment Form

I have received a copy of the Midwest Center for Human Service's NOTICE OF PRIVACY POLICIES and I have been provided an opportunity to review it.

Patient Name _____ Patient Date of Birth _____

Guarantor of Patient (if minor) _____

Signature _____

TELEPHONE COMMUNICATIONS

Midwest Center for Human Service Staff may leave telephone messages for me at the following numbers:

1. () _____
2. () _____
3. () _____

_____ Please leave name and return telephone number only

_____ You may leave a detailed message. My answering machine/voice mail is confidential

Signature _____ Date _____