

800 N Carriage Pkwy • Wichita, KS 67208 (316) 858-5800 • Fax (316) 858-5850

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

i ilitea i tuile	Printed Name	
Signature of Patient or Patient Representative	Date	
If Representative, Relationship to Patient		
Do we have your permission to share Protected I	Healthcare Information with your	
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