Teton Radiology advanced medical imaging

Acknowledgement of Receipt of Notice of Privacy Practices

l,	, have received a copy of
the Notice of Privacy Practices from Teton Radiology concern	ing how the use and disclosure of
Protected Health Information will be handled by the practice.	
Patient name (please print)	
Patient/Guardian signature	Date
If guardian, print name	Relationship to patient

Privacy_Practices Rev 3/16