

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of IHC's "NOTICE OF PRIVACY PRACTICES".

As required by the Privacy Regulations, \_\_\_\_\_  
from IHC has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that IHC has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all Protected Health Information (PHI) that it maintains.

On separate form(s), I am noting to whom I wish my PHI to be communicated.

I agree that all my PHI may be communicated by letter, fax, or telephone and any or all of these forms of communication.

I understand that IHC is not required to honor any changes to the "NOTICE OF PRIVACY PRACTICES".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date