

**FINEGOLD PRIMARY CARE,P.C.
RICHARD D. FINEGOLD, M.D.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Finegold Primary Care, P.C. is committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. This Notice of Privacy Practices identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information. Please sign the form below to acknowledge that you have received our Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices of Finegold Primary Care, P.C.

Name: _____

Signature: _____

Name of Personal Representative (if appropriate):

Signature of Personal Representative (if appropriate):

Date: _____

Phone: You may contact me by phone at _____

Leave messages on answering machine: Yes No

Leave messages with any other person: Yes No

Send secure emails @ : _____

Other requests for confidential communications:

Signed: _____ **Date:** _____

Finegold Primary Care,P.C. use only

Date acknowledgement received: _____

-OR-

Reason acknowledgement was not obtained:

OFFICE LOCATION:

_____ 7255 W. GRAND AVENUE, ELMWOOD PARK, IL 60707 708-452-5809

_____ 1626 WEST ALGONQUIN ROAD, HOFFMAN ESTATES, IL 60195 847-952-7392
