



Patient Acknowledgement of Receipt of the
PLANTATION OPEN MRI, LLC.
Notice of Privacy Practices.

I acknowledge that I have received a copy of the Plantation Open MRI
Notice of Privacy Practices.

Signature: _____

Print Name of Patient: _____

Date: _____

If you signing as the patient's representative:

PRINT NAME of REPRESENTATIVE: _____

Describe how you are the patient's representative (For example: Spouse, Child,
Durable Power of Attorney for healthcare – Please provide a copy of the form, etc.)
