



## Patient Receipt of Privacy Practices DIAGNOSTIC RADIOLOGY & IMAGING

I have received a copy of the Notice of Privacy Practices from DRI, version effective September 10, 2018.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If Patient is a Minor, Please Print Name

\_\_\_\_\_  
Relationship of Representative to Patient

Please describe the Representative's authority to act on behalf of Patient:

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize \_\_\_\_\_ (print name) to pick up medical records, film, etc. from Greensboro Imaging on my behalf.

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### For Internal Use Only

If acknowledgement of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain their acknowledgement and the reason you could not obtain it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_