

**DREW MEDICAL INC.**

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I have received a copy of Drew Medical, Inc.'s, Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. In addition, I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 407 788 2888 ext. 551, or on Drew Medical, Inc.'s website [www.drewmedical.com](http://www.drewmedical.com), or by requesting one at any of Drew Medical, Inc.'s centers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Printed or typed name

\*As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Printed or typed name

\_\_\_\_\_  
Date