

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY RIGHTS

Aurora Breast MRI of Orange County Notice of Privacy Rights provides information about how we may use and disclose protected health information about you.

In addition to the copy we will provide you, copies of the current notice are available by accessing our website at <http://www.auroraoc.com>.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient

Date

Print Name _____