
**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH
INFORMATION**

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

- I have received the Practice's Notice of Privacy Practices and understand that my protected health information may be used by the Practice as described in the notice.
- I authorize Urologic Specialists of Northwest Indiana, to use my email address: Yes No
This information will be held in strict confidence by Urologic Specialists of Northwest Indiana.

Email address: _____

- In accordance with Indiana law, this notice is to advise you that your physician may have an ownership interest in:
 United Shockwave Therapies, LLC
 Community Surgery Center, LLC
 Pinnacle Hospital

You have the right to be referred to another entity other than the entity in which your physician has a financial interest for the provision of services.

- The undersigned hereby acknowledges receipt of this notice on the date set forth below.

Patient name: _____

Patient signature: _____ Date: _____