

Pulmonary & Sleep Consultants, LLC

Serenity Sleep Institute

689 Medical Park Drive, Suite 204

Lenoir City, TN 37772

Phone (865) 986-9151 Fax (865) 986-9153



“Breathe Easier, Sleep Better”

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

NOTICE TO PATIENT:

We are required to provide you (or offer to provide you) with a copy of our Notice of Privacy Practices which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement if you wish.

I acknowledge that I have received (or have been offered) a copy of this office’s Notice of Privacy Practices.

Please print your name here: _____

Signature: _____ Date: _____

Our Privacy Officer can be contacted as follows:

Name of Privacy Officer: **Amanda Cagley**
Address of Main Office: 689 Medical Park Drive, Suite 203
Lenoir City, TN 37772
Phone: (865) 986-9151
Fax: (865) 986-9153

FOR OFFICE USE ONLY

WE HAVE MADE EVERY EFFORT TO OBTAIN WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF PRIVACY FROM THIS PATIENT BUT IT COULD NOT BE OBTAINED BECAUSE:

___ The patient refused to sign.

___ Due to an emergency situation, it was not possible to obtain an acknowledgement.

___ We were not able to communicate with the patient.

___ Other (Please provide details) _____