

# 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) \_\_\_\_\_