



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received a copy of Carolina Breast Imaging Specialists' Notice of Privacy Practices. I understand that Carolina Breast Imaging Specialists has the right to change its Notice of Privacy Practices from time to time and that I may contact Carolina Breast Imaging Specialists at any time to obtain a current copy Notice of Privacy Practices.

Patient name (print)

Signature of Patient/Legal Representative

Date

Relationship to Patient