

Diabetes Management & Supplies
10 Commerce Court, Suite B
New Orleans, Louisiana 70123

Patient Name _____

Record Number _____

ACKNOWLEDGEMENT

NI AM INTERESTED IN TAKING ADVANTAGE OF THE YDMS'S ANONYMITY POLICY.

I acknowledge that I have been given the opportunity to review the Notice of Privacy Practices and informed of my right to receive a copy of the Notice.

Signature

Relationship to Patient

Print Name

An acknowledgment was not obtained because:

- Patient or his/her representative refused to sign the acknowledgment
- Patient was unable to sign the acknowledgment
- Other _____

Signature

Date

Title Privacy Officer

Contact Person

Other Employee