

Medical Oncology Department

4100 Beecher Road, Suite B, Flint, MI 48532 Office: (810) 235-8568 • Fax: (810) 235-4902

Receipt of Notice of Privacy Practice

Name of Patient:	
Date of Birth:	
By signing below I acknowledge that I have received to Practice: from this practice.	the "Notice of Privacy
Patient Signature	Date
Witness Signature	Date
Authorization to Release Information:	

1)

2)

3)