

Trumbull Laboratories, LLC and Pathology Group of the Midsouth, PC

FORM: ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The Patient Notice of Privacy Practices tells you how Trumbull Laboratories, LLC and Pathology Group of the Midsouth, PC ("TL/PGM") may use or disclose information about you. Not all situations are described. TL/PGM is required to give you a notice of our privacy practices for the information we collect and keep about you.

PLEASE REVIEW THE NOTICE CAREFULLY.

By my signature below, I acknowledge that I have been given a copy of TL/PGM's Patient Notice of Privacy Practices and have had a chance to ask questions about how my information will be used.

Patient Signature

Date

Printed Name of Patient

Legal or Personal Representative of
Patient (if applicable)

Relationship (if applicable)

FOR OFFICE USE ONLY

TL/PGM Representative:

Please have this document completed and signed by the individual receiving the Patient Notice of Privacy Practices. Provide one copy to the individual; file the original in their records.

TL/PGM was unable to obtain acknowledgment for the following reason:

- TL/PGM did not see patient
- TL/PGM posts Notice on its website
- Emergency
- Patient non-responsive
- Patient refused-Reason: _____