

Southwest Ear, Nose & Throat

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____ Patient Date-of-Birth: _____

Facility Name: Southwest Ear, Nose & Throat

I have been provided a copy of Southwest Ear, Nose & Throat's *Notice of Privacy Practices* ("Notice") electronically through My Medical Locker patient portal, website, and/or in the office setting, which describes how my health information is used and shared. I understand that Southwest Ear, Nose & Throat has the right to change this *Notice* at any time. I may obtain a current copy by contacting the Facility Privacy Official, or by visiting Southwest Ear, Nose & Throat's web site at www.southwestearnoseandthroat.com.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

Signature of Patient or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)
