

**Bradley S. Klein, DO**  
**Birmingham Maple Clinic**

Case #: \_\_\_\_\_  
Dx: \_\_\_\_\_

Identifying Data

Date Seen: \_\_\_\_\_

Name:	Birth Date:
Address:	
City, State, Zip:	
Telephone: Home: (    )	Work: (    )      Cell: (    )
Employer:	
Employer Address:	
City, State, Zip:	
School:	
Person responsible for payment if other than patient::	
Name: _____	Telephone: _____
Address: _____	
_____	
<u>Insurance Information:</u>	
Primary Insurance Co:	
Group#:	Insured's SS#:
Insured's Name:	
Insurance Co. Address:	
Insurance Co. Phone:	
Secondary Insurance Co:	
Group#:	Insured's SS#:
Insured's Name:	
Insurance Co. Address:	
Insurance Co. Phone:	
Private Pay:	



## DR. KLEIN'S FINANCIAL POLICY

As a client at BMC, it is important for you to understand the following information:

### FINANCIAL INFORMATION

1. You are responsible for the timely payment of your account.
2. Your deductible, co-pay, and missed appointment charges are your responsibility to pay, because they are not covered by insurance and are due on the day services are provided or you missed your appointment.
  - 2A. Your deductible recurs every January. Every insurance policy has different deductible amounts and you are responsible to pay your entire deductible before the insurance pays anything.
3. If your unpaid balance reaches \$300.00, your sessions will be suspended until full payment is made.
4. Missed appointment charges must be paid in full before your next appointment.
  - 4A. The charge for a missed appointment will be discussed with your provider and you will sign a separate document confirming that you are aware of the cost of missed appointments.
5. Payment Agreements may be arranged with BMC to pay off outstanding balances.
  - 5A. Terms of Payment Agreement include:
    - i. The first payment is due at the time of signing the Agreement.
    - ii. Payments must be made monthly with a specified due date or a \$25 Late Fee will be added to your account.
    - iii. If payments are not made monthly, your account will be sent to collections.
6. Failure to pay balance due may result in cessation of services.
7. BMC accepts cash, check, Visa, American Express, MasterCard and Discover.
8. We encourage you to keep a credit card on file to be charged when there is an outstanding balance. This will prevent lapses in your appointment schedule.
  - 8A. Credit card information is kept confidential, in compliance with HIPAA regulations, and is only available to particular staff on a 'need to know' basis for purposes of billing.
  - 8B. It is your responsibility to provide updated credit card information if/when your card expires or you prefer to use a different credit card.

### MISSED APPOINTMENTS

1. Unless cancelled 24 hours in advance, our policy is to charge for missed appointments at the insurance-approved rate and specified in the document you sign with your provider.
2. Keep in mind that insurance companies will not cover this cost and you will be responsible for all Missed Appointment fees.

3. Missed Appointment fees must be paid in full before your next appointment or the next session will be suspended until payment is made.
4. Missing appointments interferes with the outcome of treatment.
5. Please help us serve you better by keeping all scheduled appointments.

**REGARDING INSURANCE**

1. We will verify and inform you of the financial terms of your insurance coverage before your first visit provided you have shared your insurance information with enough lead time for us to contact your insurance company to verify your benefits.
2. Verification of coverage does not guarantee payment.
3. Insurance is a contract between you and your insurance company, we cannot be a party to this contract.
4. In most cases, we file insurance claims as a courtesy to our clients.
5. Although we supply factual information to your insurance company when necessary, we will not become involved in disputes between you and your insurance company regarding deductibles, copayments, covered charges, secondary insurance coverage, usual and customary charges, etc.
6. In the event that a third-party payment is denied after services have been provided, you will still be held responsible for the cost of said services.
7. Many insurances do not reimburse for multiple sessions on the same date. If you schedule multiple appointments on the same date, you will be responsible to pay for the session/s that are not covered by your insurance company.
8. This notice will cover Birmingham Maple Clinic and those health care providers who, while not necessarily legally affiliated with us, may provide you with care or treatment at Birmingham Maple Clinic; Dr. Chen, Dr. Klein, and Dr. Weingarden.

**NO SURPRISES ACT**

1. You are entitled to complete, detailed information about the cost of therapy services at BMC so that nothing in your bill is a surprise to you.
2. If you have insurance for which we are out-of-network, if you have chosen to forgo using your insurance and instead prefer to pay privately for services, and/or if you have requested a service that is not covered by your insurance company, the following information will apply:
  - 2A. The services you are expecting to receive at BMC includes the following maximum charges. A separate, signed document will specify the charges agreed upon by you and your therapist.

**PSYCHIATRIC SERVICES**

99205 New Patient Office Visit	<u>\$ 300</u>
99204 New Patient Office Visit	<u>\$ 300</u>
99215 Established Patients	<u>\$ 225</u>
99214 Established Patients	<u>\$ 200</u>
99213 Established Patients	<u>\$ 150</u>
99212 Established Patients	<u>\$ 125</u>

2B. Your provider will discuss the anticipated length of your treatment with you, keeping in mind that as treatment progresses, additional treatment goals and objectives may arise which may extend the length of treatment. Please feel free to discuss your progress and length of stay with your therapist throughout your treatment experience.

**THANK YOU FOR TAKING THE TIME TO UNDERSTAND OUR FINANCIAL POLICIES.  
PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS.**

\_\_\_\_\_  
Patient, Parent or Guardian (if under 18) Date      Witness      \_\_\_\_\_ Date

**PERSON RESPONSIBLE FOR PAYMENT IF OTHER THAN PATIENT:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Signature of Responsible Party: \_\_\_\_\_

Birmingham Maple Clinic /  
2075 West Big Beaver Road /  
Suite 520 /  
Troy Michigan 48084 /  
248-646-6659 /

# BRADLEY S. KLEIN, DO

## HEALTH INFORMATION

Name of Client \_\_\_\_\_ BD \_\_\_\_\_ Date \_\_\_\_\_

DATE OF LAST PHYSICAL EXAMINATION:

### REVIEW OF SYSTEMS:

Have you ever experienced difficulty in any of the following areas:

1. Central Nervous System (Headaches, dizzy spells, sleep disturbance, etc.) No  Yes

If Yes, please explain: \_\_\_\_\_

2. Cardiovascular / Respiratory System No  Yes

If Yes, please explain: \_\_\_\_\_

3. Digestive System (Ulcers, ileitis, etc.) No  Yes

If Yes, please explain: \_\_\_\_\_

4. Genitourinary System No  Yes

If Yes, please explain: \_\_\_\_\_

5. Musculoskeletal System No  Yes

If Yes, please explain: \_\_\_\_\_

6. Endocrine System (Diabetes, etc.) No  Yes

If Yes, please explain: \_\_\_\_\_

7. Immunological System (Lupus, etc.) No  Yes

If Yes, please explain: \_\_\_\_\_

### GENERAL MEDICAL HISTORY:

1. Have you every been hospitalized or had surgery? No  Yes

If Yes, please explain: \_\_\_\_\_

Continued on reverse side

2. Have you ever had a serious accident or injury? No  Yes

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever had nutritional problems? No  Yes

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Have you ever had previous psychotherapy or counseling? No  Yes

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever had problems with alcohol or drugs? No  Yes

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:**

List the medications you are currently taking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:**

Include allergies to medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY:**

- Heart Attack \_\_\_\_\_
- Stroke \_\_\_\_\_
- Cancer \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Lung Disease \_\_\_\_\_

- Arthritis \_\_\_\_\_
- Glaucoma \_\_\_\_\_
- Hypertension \_\_\_\_\_
- Allergies \_\_\_\_\_
- Alcohol Problems \_\_\_\_\_
- Drug Problems \_\_\_\_\_

\*\*\*\*\*

Name of relative or responsible party we may contact in case of an emergency

\_\_\_\_\_  
Name  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone



# BIRMINGHAM MAPLE CLINIC

## JOINT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

*Effective Date: September 11, 2003*

## OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or otherwise maintained by Birmingham Maple Clinic. Your other non-Birmingham Maple Clinic doctor may have different policies or notices regarding that health care provider's use and disclosure of your medical information created in a non-Birmingham Maple Clinic office or clinic.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ◆ Maintain the privacy of your medical information that identifies you;
- ◆ Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- ◆ Follow the terms of the Notice that is currently in effect.

## WHO WILL FOLLOW THIS NOTICE

This Notice will cover Birmingham Maple Clinic and those medical providers, who, while not necessarily legally affiliated with us, may provide you with care or treatment at Birmingham Maple Clinic. Together, Birmingham Maple Clinic and these medical providers are part of the "Birmingham Maple Clinic Organized Health Care Arrangement" (referred to as an "OHCA"). This Notice describes privacy practices of those participating in the Birmingham Maple Clinic OHCA. This Notice covers:

- ◆ Any health care professional authorized to enter information into any medical record established and maintained by Birmingham Maple Clinic.
- ◆ All departments and units of Birmingham Maple Clinic.
- ◆ All employees, staff, volunteers and other Birmingham Maple Clinic personnel.
- ◆ The individual health care providers of Birmingham Maple Clinic.
- ◆ Bradley S. Klein, D.O., P.L.C.
- ◆ Jeffrey A. London, M.D., P.C.

In addition, Birmingham Maple Clinic and the Birmingham Maple Clinic OHCA may share your medical information with each other for treatment, payment or health care operations purposes described in this Notice.

## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways that we use and disclose your health information. For each category we explain what we mean and give some examples. Our records contain information regarding your mental health or may contain information on substance abuse; those records may be subject to additional restrictions, which we will comply with, under state law. Also, if you are a minor, certain specific information that relates to mental health, substance abuse, pregnancy or sexually transmitted diseases, may be protected by additional restrictions under state law, which we will comply with. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ◆ **For Treatment.** We may use health information about you to provide you with treatment, health care or other related services. We may disclose your health information to doctors, nurses, aids, technicians or other employees who are involved in taking care of you. Additionally, we may use or disclose your health information to manage or coordinate your treatment, health care or other related services. For example: The therapist or psychiatrist treating you may need to know if you have an illness or disease or are currently taking prescription medication for the treatment of an illness or disease, because this may affect the type of therapy you are provided and your recovery. In addition, we may need to tell another healthcare provider this information so that we can arrange for appropriate care for you. We also may need to disclose information about you to people outside Birmingham Maple Clinic who may be involved in your care, such as, family members.
- ◆ **For Payment.** We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or other third party for the payment purposes including to a collection service. We may also disclose your health information to another health care provider or payor of health care for the payment activities of that entity. For example: We may give your health plan or insurance company information about a treatment or service you have received, or are going to receive so that we can be reimbursed for providing that treatment or service. We may also contact your health plan or insurance company for prior treatment authorizations and referrals.
- ◆ **For Health Care Operations.** We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run Birmingham Maple Clinic, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. We may also provide your health information to various governmental or accreditation entities to maintain our license and accreditation. For example: We may use your health information to:
  - Evaluate the performance of our staff in caring for you;
  - Assess the quality of care and outcomes in your case(s) and similar cases compared against other therapists and psychiatrists in the area, state, or nation;
  - Learn how to improve our facilities and the services we provide; or
  - Determine how to continually improve the quality and effectiveness of the health care we provide.
- ◆ **Incidental Uses and Disclosures.** We may occasionally inadvertently use or disclose your health information when such use or disclosure is incident to another use or disclosure that is permitted or required by law. For example: While we have safeguards in place to protect against others overhearing our conversations that take place between therapists, psychiatrists or other personnel, there may be times that such conversations are in fact overheard. Please be assured, however, that as much as possible, we have appropriate safeguards in place in an effort to avoid such situations.
- ◆ **Disclosures to You.** Upon a request by you, we may use or disclose your health information in accordance with your request.
- ◆ **Limited Data Sets.** We may use or disclose certain parts of your health information, called a "limited data set," for purposes of research, public health reasons or for our health care operations. We would disclose a limited data set only to third parties that have provided us with satisfactory assurances that they will use or disclose your health information only for limited purposes.



- ◆ **Disclosures to the Secretary of Health and Human Services.** We might be required by law to disclose your health information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether we are complying with privacy laws.
- ◆ **De-Identified Information.** We may use your health information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law.
- ◆ **Disclosures by Members of Our Workforce.** Members of our workforce, including employees, volunteers, trainees or independent contractors, may disclose your health information to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's belief that we have engaged in unlawful conduct or that our care or services could endanger a patient, workers or the public. In addition, if a workforce member is a crime victim, the member may disclose your health information to a law enforcement official.
- ◆ **For Public Health Purposes.** We may disclose health information about you for public health activities. These activities may include the following:
  - To prevent or control disease, injury or disability;
  - To report reactions to medications or problems with products; or
  - To avert a serious threat to health or safety. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.
- ◆ **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.
- ◆ **About Victims of Abuse.** We may disclose your health information to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ◆ **As Required By Law.** We will disclose your health information when required to do so by federal, state or local law or regulation.
- ◆ **Judicial Purposes.** We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process issued by a Court.
- ◆ **Law Enforcement.** We may release health information if asked to do so by a law enforcement official, if such disclosure is:
  - Required by law;
  - In response to a Court issued; Order, Subpoena, Warrant, Summons or similar process;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About criminal conduct at Birmingham Maple Clinic; or
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime, a suspect, fugitive, material witness, or missing person.
- ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, only if you have agreed in writing to such a release, except that your consent will not be required if the information disclosure has been ordered by a court of law.

- ◆ **Coroners, Medical Examiners and Funeral Directors.** In certain circumstances, we may disclose health information to a coroner or medical examiner. This may be necessary, For example, to identify a deceased person or determine the cause of death. We may also release health information about individuals to funeral directors as necessary to carry out their duties.
- ◆ **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who received one medication or treatment to those who received another. All research projects, however, are subject to a special approval process. This process includes evaluating a proposed research project and its use of health information, trying to balance the research needs with your need for privacy of your health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not leave Birmingham Maple Clinic, we may disclose your health information to researchers preparing to conduct a research project, For example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, we may disclose your health information to researchers after your death when it is necessary for research purposes.
- ◆ **Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- ◆ **Workers' Compensation.** We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.
- ◆ **Communications Regarding Our Services or Products.** We may use and disclose your health information to make a communication to you to describe a health-related product or service of Birmingham Maple Clinic. In addition, we may use or disclose your health information to tell you about products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, providers or settings of care for you. We may occasionally tell you about another company's products or services, but will use or disclose your health information for such communications only if they occur in person with you. We may also use and disclose your health information to give you a promotional gift from us that is a minimal value.
- ◆ **Treatment Alternatives, Appointment Reminders and Health-Related Benefits.** We may use and disclose your health information to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you. Additionally, we may use and disclose your health information to contact you by mail or phone to provide appointment reminders. If you do not wish us to contact you about treatment alternatives, health-related benefits or appointment reminders, you must notify us in writing, and state which of those activities you wish to be excluded from.
- ◆ **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a family member, other relative, or any other person identified by you who is involved in your health care. We may also give information to someone who is involved with or helps pay for your care. We may also tell your family, friends, personal representative or other person responsible for your health care your condition and that you are at the Hospital.
- ◆ **Third Parties.** We may disclose your health information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have a written agreement with them to safeguard your information.

#### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization.

You understand that we are unable to take back any disclosures we have already made under the authorization, and that we are required to retain our records of the care that we provided to you.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding health information we maintain about you:

- ◆ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. For example: You could ask that we not use or disclose information about your condition to a certain person to whom disclosure would otherwise be permitted. Also, we will honor a valid Court Order that you provide to us, which restricts disclosure of information about a child to a non-custodial parent.

*We will comply with your request unless the information is needed to provide you emergency treatment, is required by law or a third party payment contract.*

To request restrictions, you must make your request in writing and submit it to the individual at the address identified at the end of this Notice. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- ◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location.

To request confidential communications, you must make your request in writing and submit it to the individual at the address identified at the end of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ◆ **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care.

To inspect and copy health information that may be used to make decisions about you, you can submit your request in writing to the individual at the address identified at the end of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ◆ **Right to Amend.** You have the right to ask us to amend your health and/or billing information for as long as the information is kept by us.

To request an amendment, your request must be made in writing and submitted to the individual at the address identified at the end of this Notice. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- We believe is accurate and complete.

- ♦ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a paper copy of this Notice, contact us in writing and submit it to the individual at the address identified at the end of this Notice.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice is also available to you upon request. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if we revise the Notice, you may request a copy of the revised Notice then in effect.

### **COMPLAINTS**

In the event that there is a breach of your unsecured health information – meaning an unauthorized disclosure where your health information has not been made unusable, unreadable, or indecipherable – we are required to notify you of such breach.

Upon receiving such notification, or if you believe your privacy rights have otherwise been violated, you may file a complaint with Birmingham Maple Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Privacy Officer at the address listed at the end of this Notice. All complaints must be submitted in writing.

**You will not be penalized or retaliated against for filing a complaint.**

If you have any questions about this Notice, please contact:

Privacy Officer - Birmingham Maple Clinic, Inc.  
2075 West Big Beaver Road  
Suite 520  
Troy, Michigan 48084

**BRADLEY KLEIN, DO  
BIRMINGHAM MAPLE CLINIC**

**INFORMED CONSENT FOR MEDICATION PRESCRIPTION**

I am a voluntary patient of Dr. Bradley Klein at Birmingham Maple Clinic and I have received a prescription for medication(s) from Dr. Klein. My signature below verifies that I have had the opportunity to discuss the following with Dr. Klein:

- The name and purpose of the medication(s),
  - The reasons medication(s) was prescribed for me,
  - The benefits, risks and alternatives for taking the medication(s),
  - The possible side effects of the medication(s), and
  - Steps to be taken if side effects occur.
- This medication may be prescribed for off-label benefits

*The use of psychotropic medicine may affect your ability to secure insurance.*

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Patient's Name (Printed)

\_\_\_\_\_  
Legal Guardian's Signature for Minor Patient

## **ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE**

By signing below, I acknowledge that I have received Birmingham Maple Clinic's Notice of Privacy Practices ("Notice").

\_\_\_\_\_  
Signature (Patient or Authorized Representative)

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed (Patient or Authorized Representative)