

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

Gaston Thermal Imaging, Inc.

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of **Gaston Thermal Imaging, Inc.** "NOTICE OF PRIVACY PRACTICES," revision date _____.

As required by the Privacy Regulations, _____ from
Name of Staff Member

Gaston Thermal Imaging, Inc. has explained the "NOTICE OF PRIVACY PRACTICES" to my satisfaction.

As required by the Privacy Regulations, I am aware that **Gaston Thermal Imaging, Inc.** has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

Requests:

I wish to file a "Request for Restriction" of my Protected Health Information.

I wish to file a "Request for Alternative Communications" of my Protected Health Information.

I wish to object to the following in the "Notice of Privacy Practices:"

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices."

Signature

Date

Print Name

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Good faith effort to obtain receipt: (Describe) _____

