

# Carson Urologists, Ltd.

1425 Vista Lane  
Carson City, NV 89703  
(775) 883-1030

## Acknowledgement of Receipt of Notice

I, \_\_\_\_\_ (print name) hereby acknowledge that I have been offered a copy of Carson Urologist Ltd., Notice of Privacy Practice.

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

If not signed by the patient, please indicate signer's relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

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[ ] Acknowledgment refused

Describe efforts to obtain signature:

State patient's reasons for refusal:

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

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**I authorize Carson Urologists, Ltd. to discuss my health information with the following person(s):**    **\*\*\*DOES NOT APPLY TO OTHER PHYSICIANS\*\*\***

----- Name	----- Relationship
----- Name	----- Relationship
----- Name	----- Relationship