

Compass Health

SETTING A NEW DIRECTION IN HEALTH CARE

2175 Coolidge Road

East Lansing, Michigan 48823



Acknowledgement of Review of Notice of Privacy Practice

I have reviewed Compass Healthcare, PLC's Notice of Privacy Practice, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document at any time.

Patient/Guarantor Signature

Today's Date

Printed Name

If signed by legal guardian, please provide relationship to patient contact information:

For Office Use Only

We attempted to obtain written acknowledgement of receipt of your Notice of Privacy Practice, but acknowledgement could not be obtained due to:

- Individual refused to sign
 - Communication barriers prohibited the acknowledgement
 - An emergency situation prevented us from obtaining the acknowledgement
- Other: _____