



Lake Norman Oncology
Huntersville • Mooresville

Richard Krumdieck, MD David Eagle, MD Timothy Kuo, MD

Individual Written Acknowledgement
of receipt of Notice of
Privacy Practices for
Protected Health Information

Current Government Privacy Rules require this medical practice to provide you with the attached notice regarding the uses and disclosures that we make of your protected health information.

This notice acknowledgement process is intended to provide you with a formal opportunity to engage in a discussion with one of our physicians regarding privacy. At the very least, we hope to draw your attention to the importance we place upon privacy.

Please sign below:

I, _____, acknowledge that I have received a copy of the attached Notice of the Privacy Practices of Lake Norman Hematology Oncology Specialists, P.A.

Signature

Date

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