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

Individual Written Acknowledgement  
Notice of  
Privacy Practices for  
Protected Health Information

Current Government Privacy Rules require this medical practice to provide you with a notice regarding the uses and disclosures that we make of your protected health information. A copy of this notice is available upon request.

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 the opportunity to request a copy of the Notice of the Privacy Practices of Lake Norman Hematology Oncology Specialists, P.A.

The following individuals may also have information regarding my healthcare:

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Signature

Date