

Blanzzy Clinic, P.C.
14319 Dix- Toledo Road
Southgate, Mi 48195

NOTICE and ACKNOWLEDGEMENT

Date: _____

Acknowledgement:

Re: _____
(Patients name)

I acknowledge that I have received the attached
Notice of Privacy Practices.

X _____
Patient or Personal Representative Signature

If Personal Representative's signature appears above,
please describe relationship to the patient.

(Relationship)

I hereby authorize said person(s)

to give/receive any medical information pertaining
to myself.

X _____
Patient Signature