CAMPBELL COUNTY MEDICAL GROUP
501 S BURMA AVE, GILLETTE, WYOMING 82716

CAMPBELL COUNTY MEDICAL GROUP

Patient Acknowledgement

Our Notice of Privacy Practices provided information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this acknowledgment. As provided in our notice, the terms of our notice may change.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form you acknowledge that we have offered you a copy of our Notice of Privacy Practices.

Print Guardian's Name: _____

Print Patient's Name: _____

Signature: _____

Date & Time: _____

Print Witness Name: _____

Witness Signature: _____

Date & Time:_____