

# Acknowledgment of Notice of Privacy Practices

MIMI LEE, MD, PA reserves the right to modify the privacy practices outlined in the notice.

**I have received a copy of Notice of Privacy Practices for MIMI LEE, MD, PA.**

I would like to designate the following person(s) to be my personal representative and grant MIMI LEE, MD, PA permission to discuss with them my protected health information (both medical and financial) when requested.

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Name of personal representative

Relationship

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Name of personal representative

Relationship

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_

Patient's Printed Name \_\_\_\_\_

**Fundraising.** Unless you request us not to, we may use your name and address to support our fund-raising efforts. If you do not want to participate in fund-raising efforts, please check off the following box and inform our receptionist.

Please do not use my information for fund-raising purposes.

**Marketing.** Unless you request us not to, there are some marketing activities for which we may use your name and address, to **provide you with information about services and promotions available at our practice.** If you'd rather not receive marketing communication from our practice, please check off the following box and inform our receptionist:

Please do not use my information for marketing purposes