

**MED CENTER 1**

(252) 353-1464 Phone  
(252) 353-1272 Fax

1688 East Arlington Blvd.  
Greenville, NC 27834

**Acknowledgement of Receipt of Notice of Privacy Practices**

I have received a copy of the Notice of Privacy Practices for Med Center 1.

\_\_\_\_\_  
Name of patient (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient

**Denial of Authorization for use and disclosure of protected health information**

This notice revokes the authorization to the use and disclosure of protected health information. This notice does not apply to processing your medical claim for payment. If your medical records are requested by your insurance carrier they can be furnished in order to ensure payment of services.

\_\_\_\_\_  
Name of patient (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient