Tri-County Pulmonary Sleep
2506 Lakeland Drive, Suite 300 | Flowood, MS 39232 | Phone: 601.326.2599 | Fax: 601.933.0852

TRI-COUNTY PULMONARY AND SLEEP CLINIC
ACKNOWLEDGEMENT OF RECEIPT OF PATIENT NOTICE OF PRIVACY PRACTICES

I acknowledge that I have read and/or received a copy of the **Tri-County Pulmonary and Sleep Clinic** Patient Notice of Privacy Practices. I have read it and have had an opportunity to ask questions (as it relates to my healthcare), and I agree to its terms.

_____ _____
PATIENT SIGNATURE DATE

FOR PATIENTS REPRESENTATIVES:

My relationship to patient, _____, is_____. And I have signed this consent on the his/her behalf.

_____ _____
PATIENT'S REPRESENTATIVE DATE