

**INSTITUTE OF DIABETES  
& ENDOCRINOLOGY, P.C.  
221 Stewart Ave. Suite 101  
Medford. OR 97501**

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

**Print** Name of Patient: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Print** Name of Authorized Representative (if applicable):

\_\_\_\_\_

Signature of Patient or Authorized Representative:

\_\_\_\_\_

Date: \_\_\_\_\_

Comments of Institute of Diabetes and Endocrinology regarding why a written acknowledgement was not obtained:

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