

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The attached Notice of Privacy Practices describes how the INTEGRIS owned medical clinics, retail pharmacies, and outpatient service providers and the individual members of its professional staff may use and disclose your medical information and how you can get access to this information. Please review it carefully. If you have any questions about the Notice, please contact our Privacy Officer at (405) 949-6081.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES: A complete copy of the Facility's Notice of Privacy Practices is attached hereto and posted in the Facility. By signing below you acknowledge that you have received a copy of the Facility's Notice of Privacy Practices.

_____ Date: _____
Signature of Patient

IF PATIENT IS A MINOR OR INCOMPETENT: I hereby acknowledge that I have received a copy of the Facility's Notice of Privacy Practices on behalf of the patient.

_____ Date: _____
Signature of Person Authorized to Consent for Patient

Relationship to Patient