



**PROFESSIONAL
RADIOLOGY INC™**

Acknowledgement Form

Interventional Radiology Location:

One Kenwood Place
9825 Kenwood Road, Suite 101
Blue Ash, OH 45242

I acknowledge receipt of a copy of the Notice of Privacy Practices.

Patient Signature: _____

Date: _____

I delivered a copy of the Notice of Privacy Practices to: _____

on _____ and he/she declined to sign the acknowledgement.

Employee Signature: _____