

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PREMIER UROLOGY GROUP, LLC'S NOTICE OF PRIVACY PRACTICES AND
CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

I, _____, acknowledge receipt of PREMIER UROLOGY GROUP, LLC'S (the "Provider") Notice of Privacy Practices dated November 12, 2013 and I consent to the Provider's use and disclosure of my health information and insurance/payment information which specifically identifies me or which can reasonably be used to identify me for treatment, payment and health care operations of the Provider and in accordance with the Notice of the Provider's Privacy Practices. I understand that while this consent is voluntary, if I refuse to sign this consent, the Provider can refuse to treat me.

Signature of patient or patient's representative

Date

Printed name of patient or patient's representative

Relationship to the patient