

NORTH UROLOGY, LTD.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received the Notice of Privacy Practices from North Urology, Ltd.

X _____ Date: _____

In Lieu of patient signature, I, _____

A staff member of North Urology, Ltd., state that:

has been given our current Notice of Privacy Practices.

X _____ Date: _____