Nick Sarrimanolis, MD LLC
1867 Airport Way, Ste 145B
Fairbanks, AK 99701
(907) 451-1174

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received or reviewed a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available at my request.

I authorize Nick Sarrimanolis, MD LLC to discuss my medical treatment with the following:

NAME OF PERSON	**RELATIONSHIP TO PATIENT**
_____	_____
_____	_____
_____	_____
_____	_____

Print **your** name: _____

Telephone: _____

Signature: _____ Date: _____

If not signed by the patient, please indicate relationship below:

- o Parent or Guardian of minor patient
- o Guardian of an incompetent patient

Name of patient: _____