

**OPEN MAGNETIC SCANNING, LTD  
D/B/A WINDSOR IMAGING  
4805 NORTH DIXIE HIGHWAY  
FT. LAUDERDALE, FLORIDA 33334  
954-771-6400      954-771-6499 FAX**

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**  
*(YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT)*

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for WINDSOR IMAGING, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. A copy of this signed, dated Acknowledgement shall be as effective as the original.

\_\_\_\_\_  
PLEASE SIGN YOUR NAME

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority:

\_\_\_\_\_  
\_\_\_\_\_

Thank you and if you have any questions about this form or the attached Notice, please contact our privacy officer:

Susan Garrison  
Windsor Imaging  
954-771-6400

Office Use only

as privacy officer, I attempted to obtain the patient's (or representatives) signature on this Acknowledgment but did not because:

- It was emergency treatment
- I could not communicate with the patient
- The patient refused to sign
- The patient was unable to sign because: \_\_\_\_\_
- Other (describe)\_\_\_\_\_

Signature of privacy officer\_\_\_\_\_