



PRIVACY NOTICE ACKNOWLEDGEMENT FORM

By signing this Acknowledgement Form, I acknowledge that I have received the MDMF Notice of Privacy Practices (the "Privacy Notice") and consent to the use of my information in accordance with such Privacy Notice. I have the right to review the Privacy Notice prior to signing this Form. I further understand that this acknowledgement and consent may be revoked in writing in accordance with the Privacy Notice.

I understand that MDMF has the right to revise the Privacy Notice from time to time. The revised Privacy Notice will be posted within the MDMF clinic, on the MDMF website and paper copies will be available at the MDMF clinic and upon written request.

SIGNATURE: _____

NAME: _____

DATE: ____/____/____ BIRTHDATE: _____

IF PARTICIPANT IS A MINOR, PARENTAL ACKNOWLEDGEMENT IS REQUIRED

NAME OF PARENT: _____

SIGNATURE OF PARENT: _____

DATE: ____/____/____

FOR MDMF USE ONLY

For failure to obtain acknowledgement, mark the appropriate box:

- _____ Refusal to sign
- _____ Substantial communication barrier
- _____ Other (Describe) _____

MDMF Signature _____ Date _____