

Cynthia D. Hensley MD PA

Receipt of Notice of Privacy Practices Written Acknowledgement Form

I authorize Cynthia D. Hensley MD PA to leave laboratory result on the answering machine for the phone number that I provided to Cynthia D. Hensley MD PA. If my name is not clearly noted on the answering machine, Cynthia D. Hensley MD PA will not leave laboratory results, only a message to contact our office.

I am a patient of Cynthia D. Hensley MD PA. I hereby acknowledge receipt of Cynthia D. Hensley MD PA's Notice of Privacy Practices.

Name [please print]: _____

Signature: _____

Date: _____