M · I · N · D
MICHIGAN INSTITUTE for NEUROLOGICAL DISORDERS
TEL 248 553-0010 FAX 248 553-5957 28595 Orchard Lake Rd • Ste 200 Farmington Hills, MI 48334 MindOnline.com

NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGEMENT

- **I am a patient of Michigan Institute for Neurological Disorders (MIND) I hereby acknowledge receipt of the MIND Notice of Privacy Practices Summary. Complete privacy practice policies will be provided upon my request.**

  Name: _____

  Signature: _____

  Date: _____

OR

If Unable to Complete and Sign Form

- I am a parent or legal guardian for a patient of Michigan Institute for Neurological Disorders (MIND). I hereby acknowledge receipt of MIND's Notice of Privacy Practices with respect to the above noted patient.

  Name: _____

  Signature: _____

  Relationship to Patient: _____

  Date: _____

- **If the Patient Refuses to Sign - an Employee of MIND Will Note and Sign Below.**

  ☐ Patient Refused – *(Reason – if given)*_____

_____ Date: _____
MIND Employee Signature