

NORTHWOOD UNIVERSITY SPORTS MEDICINE CENTER

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The undersigned patient/athlete or legally authorized representative (“Agent”) of the patient/athlete acknowledges that he or she personally received a copy of the Northwood University Sports Medicine Center’s Notice of Privacy Policies on the date indicated below.

SIGNATURE: _____ DATE: _____

PATIENT/ATHLETE : _____ (PLEASE PRINT NAME)

Information about Agent:

Agent: Mike Anguiano
Title: Dean of Students & Privacy Officer
Contact Number: (972)293-5488



