



KIDNEY SPECIALISTS  
OF MINNESOTA

**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, have received the Notice of Privacy Practices from Kidney Specialists of Minnesota, P.A.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In lieu of patient signature, I, \_\_\_\_\_  
a staff member of Kidney Specialists of Minnesota, P.A., state that

\_\_\_\_\_ has been given our current Notice of Private Practices.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_