

Simpson Medical Equipment Inc.

4017 W Highway 70, Durant, OK 74701-4591, USA

Phone: +1 (208) 783-9802 Fax: +1 (208) 783-9803 Email: info@smequip.com

HIPAA Privacy Practices Acknowledgment

Please print clearly. If you have questions, call our office during business hours.

Patient Name _____

Date of Birth (MM/DD/YYYY) _____

I acknowledge that I have been offered a copy of Simpson Medical Equipment Inc.'s Notice of Privacy Practices. I understand that Simpson Medical Equipment Inc. may use and disclose my health information as described in the Notice. I understand I may request a copy of the Notice at any time.

Patient/Authorized Representative Signature _____ **Date** _____