

Oklahoma Kidney Care  
Dr. Lorraine Wilson, Dr. Radhika Medipalli, and Dr. Kaelin Merveldt

---

**Acknowledgement of Review of Notice of Privacy Practices**

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

If there are any restrictions/limitations you would like to place on the sharing of your private healthcare information please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*The following individuals are permitted to obtain/review/assist me with my:

\_\_\_\_\_ medical records      \_\_\_\_\_ Billing records

\_\_\_\_\_ (relationship)      \_\_\_\_\_ (relationship)  
\_\_\_\_\_ (relationship)      \_\_\_\_\_ (relationship)

In compliance with this Notice of Privacy Practices I authorize the release of any normal and/or abnormal test results in the following manor: (please check all that apply)

Yes  No - Permission to leave recorded message on home phone

Yes  No - Permission to speak with my spouse

Yes  No - Permission to speak with my child/children

Yes  No - Permission to speak with my parents

Yes  No - Permission to notify me in writing

Yes  No - Other \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if different from patient)

\_\_\_\_\_  
Date