

LOCATION _____

Bio-Magnetic Resonance, Inc.

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FAX (248) 585-0234

The Imaging Center

15670 Southfield Road

ALLEN PARK, MI 48101

(313) 294-2897

FAX (313) 294-2915

Bio-Magnetic Resonance, Inc.

25100 Kelly Road

ROSEVILLE, MI 48066

(586) 445-4900

FAX (586) 445-4902

Biomagnetic Imaging Center

960 River Centre Drive

PORT HURON, MI 48060

(810) 966-8523

FAX (810) 966-5056

The Imaging Center

4447 Talmadge, Suite H

TOLEDO, OH 43623

(888) 674-8653

FAX (888) 674-8650

(888) MRI-TODAY

(674-8632)

www.biomagmri.com

ACKNOWLEDGEMENT OF RECEIVING PRIVACY PRACTICES

I acknowledge that I have received the attached Notice of Privacy Practices.

Patient or Personal Representative
Signature

Date

If Personal Representative's Signature appears above, please describe Personal Representative's relationship to the patient.