

**ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF USES AND DISCLOSURES OF  
PROTECTED HEALTH INFORMATION  
FOR**

**Thomas S. Kosasa, M.D., Inc.**

I have read the Notice of the Uses and Disclosures of Protected Health Information (the "Notice") that is posted in your office. I was informed that I may also obtain a printed copy of the Notice from your receptionist.

I hereby acknowledge that I have received a copy of the Notice from Thomas S. Kosasa, M.D.

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Signature

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Name (Print)

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Date