



**ADVANCED
SLEEP MEDICINE SERVICES, INC.**

"Better Sleep for a Brighter Tomorrow"

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Advanced Sleep Medicine Services, Inc.'s Notice of Privacy Practices and HIPPA policy with the effective date of April 14, 2003. I will notify Advanced Sleep Medicine Services, Inc. of any special requests that I may have with regards to my private health information.

Signature of Patient/Patient Representative

Print Name of Patient/Patient Representative

Relationship to Patient

Date