

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Participant Name: _____

Record No. _____

Address: _____

MNTSB Name: _____

I have been given a copy of the MNTSB's *Notice of Privacy Practices* ("Notice"), which describes how my health information is used and shared. I understand that the MNTSB has the right to change this *Notice* at any time. I may obtain a current copy by contacting the the MNTSB Privacy Official, or by visiting the MNTSB web site at www.mntsb.org.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

Signature of Participant or Personal Representative

Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)