

GEORGE ZUREIKAT, M.D.  
MID-MICHIGAN SLEEP AND ASTHMA CENTER  
8203 S. SAGINAW STREET  
GRAND BLANC, MI 48439

PF-2000 ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF  
PRIVACY PRACTICES

Mid-Michigan Sleep and Asthma Center reserves the right to modify the privacy practices outlines in this notice.

I authorize Mid-Michigan Sleep and Asthma Center to notify me via phone, answering machine/voice mail, and/or postcard mailings regarding upcoming appointments.

I authorize Mid-Michigan Sleep and Asthma Center to also release information regarding appointments, tests and test results to:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

**Notice of Privacy Practices for Mid-Michigan Sleep and Asthma Center available upon request.**

\_\_\_\_\_  
Name of Patient (Printed)

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

\_\_\_\_\_  
Signature of Patient Representative      Relationship to Patient  
(Required if the patient is a minor or an adult who is unable to sign this form)

\_\_\_\_\_  
Date

**SEE REVERSE SIDE**