

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT  
FOR MURAT BANKACI, M.D., P.C.  
TO USE AND DISCLOSE HEALTH INFORMATION**

**Read before signing the Acknowledgment and Consent**

This acknowledgement of notice and consent authorizes Murat Bankaci, M.D., P.C. to use and disclose health information about you for treatment, payment and health care operations purposes.

**Notice of Privacy Practices:** Murat Bankaci, M.D., P.C. has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

**Amendments:** We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

**How to contact our Privacy Officer:**

Mail: Murat Bankaci, M.D., P.C., Attention: Privacy Officer, 609 North Church Street, Mount Pleasant, PA 15666  
Telephone: (724) 547-4575  
Facsimile: (724) 547-3319

**Acknowledgment and Consent**

I have received the Notice of Privacy Practices for Murat Bankaci, M.D., P.C. Murat Bankaci, M.D., P.C. is authorized to use and disclose health information about

\_\_\_\_\_ for treatment, payment, and healthcare operations purposes consistent with its Notice of Privacy Practices.

\_\_\_\_\_  
Signature of patient (or patient's  
Personal representative)

\_\_\_\_\_  
Date

Personal representative information (if applicable):

\_\_\_\_\_  
Name of personal representative

\_\_\_\_\_  
Relationship to patient