

**Med-Tech Imaging Center
102 Medical Center Drive
Prattville, Alabama 36066**

Patient Name: (please print) _____

Address: _____

I have received a copy of Med-Tech Imaging Center Inc. *Notice of Privacy Practices* on this date and have been given the opportunity to write down any restrictions that I would like to make on my Protected Health Information.

Signed: _____

Date: _____