

**MIDWEST ADDICTIONS PSYCHIATRIC
& PSYCHOLOGICAL SERVICES (MAPPS)**

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**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT**

MAPPS strives to maintain the strictest confidentiality of your medical and financial information. Our employees are all aware that this information belongs to you and you have the right to decide how it is used in most instances. Attached you will find a detailed Notice of our Privacy Practices. Please take the time to review all of the information attached. To better serve you, we need you to sign and date this form.

By my signature below, I acknowledge that I have had the opportunity to review MAPPS Notice of Patient Privacy Practices. I understand that a written copy is available upon my request.

Print Patient Name

Patient/Parent/Guardian Signature

Date

If received in mail:

Please **KEEP** the "NOTICE OF PRIVACY PRACTICES" for your records.

Please **RETURN** the "NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT" form, along with any other forms enclosed, to our office.