

# Notice of Privacy Practices Receipt and Acknowledgment of Notice

ADE, Inc.

Phone: (703) 722-2324

Dr. Martha H. Ireland  
165 Topside E.  
Hardeeville, SC 29927

Email: info@irelandphd.com

Patient/Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of ADE, Inc's Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Dr. Ireland at 23077 Charmay Pond Place, Ashburn, Virginia 20148.

\_\_\_\_\_  
Signature of Patient/Client

\_\_\_\_\_  
Signature or Parent, Guardian or  
Personal Representative\*

\_\_\_\_\_  
Date

\* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date