Notice of Privacy Practices

Receipt and Acknowledgment of Notice

ADE, Inc.
Martha H. Ireland, PhD, RN, CS
165 Topside E.
Hardeeville, SC 29927
(703) 722-2324 | info@irelandphd.com

CLIENT NAME | DATE OF BIRTH | TODAY'S DATE

I acknowledge that I have received a copy of the Notice of Privacy Practices of ADE, Inc. and that I have been given the opportunity to read it.

I understand that if I have questions about the Notice or about my privacy rights, I may contact Dr. Ireland by phone at (703) 722-2324, by secure email at info@irelandphd.com, or by mail at ADE, Inc., 165 Topside E., Hardeeville, SC 29927.

I understand that signing this acknowledgment is not a condition of receiving treatment.

CLIENT SIGNATURE | DATE

PARENT, GUARDIAN, OR PERSONAL REPRESENTATIVE SIGNATURE | DATE

PRINTED NAME | IF SIGNING AS A PERSONAL REPRESENTATIVE, DESCRIBE YOUR LEGAL AUTHORITY (POWER OF AT

Office Use Only

☐ Client declined to sign this acknowledgment

IF THE CLIENT DECLINED, NOTE THE CIRCUMSTANCES

STAFF MEMBER SIGNATURE | DATE