

Radiation Oncology of Northern Illinois

1200 Starfire Drive
Ottawa, IL 61350
815-434-9999

Patient Name: _____ Birth Date: _____ M Number: _____

By signing this form, I acknowledge receipt of the Notice of Privacy Practices of Radiation Oncology of Northern Illinois (RONI). This Notice provides information on how RONI may use and disclose your Protected Health Information (PHI). RONI encourages you to read it in full.

Patient Signature or Authorized Person

Date: _____

Witness

RONI Usage Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because:

- _____ Patient refused to sign and acknowledge
- _____ An emergency situation prevented us from obtaining the acknowledgement
- _____ Other reason: (please specify) _____

Employee Signature

Date: _____