



**Dr. J. Ben Hengy & Dr. Andrew Mendians**

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WESTERN MICHIGAN ENT, PC  
HIPAA Acknowledgement Form

I am a patient of Western Michigan ENT. I hereby acknowledge I have received and/or read Western Michigan ENT's Notice of Privacy Practices.

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Or***

I am a parent or legal guardian of \_\_\_\_\_ (patient name). I hereby acknowledge receipt of Western Michigan ENT's Notice of Privacy Practices with respect to the patient.

Name: \_\_\_\_\_  
(Please Print)

Relationship to Patient:                       Parent               Legal Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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231.398.9536 • 1806 E. Parkdale Avenue, Suite 3 • Manistee, MI 49660

231.843.6557 • 5 Atkinson Drive, Suite 305 • Ludington, MI 49431