

**Midwest Allergy Inc**

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(708) 344-3550

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Palos Heights, IL 60643  
(708) 361-0730

**ACKNOWLEDGEMENT OF RECEIPT OF  
'HIPAA NOTICE OF PRIVACY PRACTICES'**

We are required by law to maintain the privacy of, and provide individuals with, notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

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By signing below, I acknowledge that I have received and reviewed the following:  
HIPAA NOTICE OF PRIVACY PRACTICES

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

Name (please print): \_\_\_\_\_