



Atos Medical Inc.
11390 West Theodore Trecker Way
West Allis, WI 53214-1135 USA
T: 800.217.0025
F: 414.227.9033

Dear Client:

Page 1

RE: NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT OF RECEIPT

Thank you for choosing Atos Medical products. Atos Medical has always respected the privacy of our clients. Like most other health care providers, Atos Medical is subject to federal laws that protect the privacy of personal information related to medical services and products. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires us to provide you with a Notice of Privacy Practices that describes our legal duties and privacy practices relating to your protected information. We must ask you to acknowledge that you have received a copy of our Notice of Privacy Practices.

We have enclosed our Notice of Privacy Practices and Acknowledgement Form with this letter. To help us comply with HIPAA, please complete the Acknowledgement Form by signing and dating the Form below as indicated (a person who is legally authorized to do so may sign and date the Form on your behalf). Please return the completed Form to us either by mail, fax or by scanning and emailing.

Atos Medical Inc. T: 800.217.0025
11390 West Theodore Trecker Way F: 414.227.9033
West Allis, WI 53214 @: info.us@atosmedical.com
Attn: Privacy Compliance Official

If you have any questions regarding the Notice of Privacy Practices or Acknowledgement Form, please call us at 800.217.0025. Thank you for your cooperation.

I have received a copy of the Atos Medical Inc. Notice of Privacy Practices.

Client Name	Signature	Date

If signed by the Client's Personal Representative, please print name and relationship to Client or other authority to act.

Client Personal Representative Name	Signature	Relationship to Client or Authority