

**EXHIBIT 1**  
**Revised January 6, 2014**  
**WRITTEN ACKNOWLEDGEMENT FORM**  
**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**ADCS CLINICS, LLC**

I, \_\_\_\_\_, have (1) received a copy of the Notice of the Privacy  
Patient Name

Practices or  
(2) has been offered a copy of the Notice of the Privacy Practices but declined to accept a copy.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

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**WRITTEN ACKNOWLEDGEMENT OF PATIENT REFUSAL TO SIGN A**  
**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

On the \_\_\_ day of \_\_\_\_\_, 2014, the Notice of Privacy Practices was  
\_\_\_\_\_ offered and/or given to \_\_\_\_\_.  
Patient Name

\_\_\_\_\_ The Patient accepted a copy of the Notice of Privacy Practices but refused to sign an acknowledgement that it was given to the patient.

\_\_\_\_\_ The Patient refused to accept a copy of the Notice of Privacy Practices and refused to sign an acknowledgement that it was offered to the patient.

\_\_\_\_\_  
Signature of Employee  
that offered the Patient the Notice

\_\_\_\_\_  
Date