



**Anodyne Inc.**  
6024 Blue Circle Drive  
Minnetonka, MN 55343

**Telephone:** 952-546-5334  
**Fax:** 952-546-2657

Dear Client:

Anodyne, Inc is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information, and to provide you with a notice of our legal duties and practices with respect to your protected health information.

Enclosed is our Notice of Privacy Practices. Please sign the letter acknowledging you have received this notice and return the signed letter to:

**ANODYNE INC**  
6024 Blue Circle Drive  
Minnetonka, MN 55343

Sincerely;

Anodyne, Inc.

I acknowledge that I have received a copy of the Anodyne, Inc. Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature/Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Responsible Party Printed Name

\_\_\_\_\_  
Date of Birth