

Acknowledge of Receipt of Notice of Privacy Practice

Patient Name: _____

Address: _____

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature of Patient or Personal Representative

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

An emergency existed & a signature was not possible at the time.

The individual refuse to sign.

A copy was mailed with a request for signature by return mail.

Unable to communicate with the patient for the following reasons: _____

Other: _____

Prepared by: _____

Signature

Date

Cornelius 19485 Old Jetton Road, Suite 201 | Cornelius, NC 28031 **Steele Creek** 8814 Rachel Freeman Way, Suite 101, Charlotte, NC 28278
Charlotte Office 2630 East 7th Street, Suite 200 | Charlotte, NC 28204 **Matthews Office** 1238 Mann Dr | Matthews, NC 28105

Rocky River Office 9550 Rocky River Rd, Suite 200 | Charlotte, NC 28215 **University Office** 8401 Medical Plaza Dr, Suite 260 | Charlotte, NC 28262

Waverly Office 11840 Southmore Drive, Suite 170 | Charlotte, NC 28277 **Myrtle Beach Office** 8208 Devon Court, Suite B | Myrtle Beach, SC 29572