NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Patient Name:		
Date of Birth:	Social Security#:	9
Practices, which explains how including your treatment, paym	your health information may ent of your bill, and our healt ement on your first date of ser due to an emergency, we mu	ed you with our Notice of Privacy be handled in various situations heare operations. We must try to rvice after April 14, 2003. If your st try to provide you with our as soon as we can once the
PLEASE CHECK ALL THAT ARE	E TRUE:	8
[] I have received the Notice	of Privacy Practices (effective	e date April 14, 2013).
Patient's signature (or Legal Re	presentative's)	Date
	8	v 8
Relationship of Legal Represent	tative	
£)		
	For office use only	× ×
To be completed only if Acknow	vledgement is not signed.	ÿ.
Was the patient given a copy Yes [] No	of the Notice of Privacy Pract	tices?
2) Please explain why the patient rying to obtain the patient's sign	t was unable to sign this Ackr nature.	nowledgement and our efforts in
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4		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
ame/Title		Date