

The Physician Network
Notice of Privacy Practices – Patient Acknowledgement of Receipt

I, _____ acknowledge that I received a copy of
Print Patient Name

The Physician Network's Notice of Privacy Practices dated April 2016.

Patient/Representative Signature

Date

Relationship to Patient

For Physician Network Use Only

Patient, or patient representative did not sign the acknowledgement for the following reason(s):

(Check (✓) all that apply)

- Refused
- Refused, stating that he/she has already signed an acknowledgement
- Unable to sign because of medical condition
- There was not a patient representative available to sign
- Other: (explain) _____

Witness

Date