

Ardmore Family Practice, P.A.

ACKNOWLEDGEMENT OF RECEIPT NOTICE OF PRIVACY PRACTICES

We are legally required to provide you with a copy of our Notice of Privacy Practices. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice on Ardmore Family Practice, P.A.'s Web site at www.ardmorefamilypractice.com, or by writing to The Privacy Officer, 2805 Lyndhurst Ave, Winston Salem, NC 27103-4109 or by requesting one at the office.

The undersigned hereby acknowledges receipt of Notice of Privacy Practices for Ardmore Family Practice, P.A.

Patient's Printed Name

Patient Signature

Date/Time

Signature of Patient Representative

Date/Time

Relationship to Patient

For staff use only:

____ Patient refused to sign after he/she received Notice of Privacy Practice and was informed that signing the form merely acknowledges that the patient actually received the Notice.

Signature of Staff

Date and approximate time of refusal

If limited English proficient or hearing impaired, offer interpreter at no additional cost.

___ Interpreter Accepted

Name/Number of Person/Services Chosen/Used

___ Interpreter Refused