



207 Chartwell Court • Myrtle Beach, South Carolina 29588 • (843) 293-2700

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICY NOTICE

Patient Name: _____ Date of Birth: _____

Patient's Legal Representative: _____

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

(Patient Signature) Date: _____

FOR OFFICE STAFF USE ONLY

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

- Due to an emergency, it was not possible to obtain a signature at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

Other:

Comments:

Prepared by: _____

(Signature) Date: _____