

+CAROLINA PLASTIC SURGERY & LASER CENTER

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____

Address: _____

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

Signature

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 this 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: _____

Signature: _____ Date: _____