



ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of MidLantic Urology's Notice of Privacy Practices.

Name (please print): _____

Signature: _____

Date: _____

I am a power of attorney or legal guardian of _____ (patient name). I have received a copy of [Practice's] Notice of Privacy Practices effective [Date].

Name (please print): _____

Relationship to Patient: Power of Attorney Legal Guardian

Signature: _____

Date: _____

MidLantic Urology's Notice of Privacy Practices was given to the patient on _____ (date).

In Person Mailing Email Other _____

Reason individual or parent/legal guardian did not sign this form:

- Did not want to
- Did not respond after more than one attempt
- Other _____

The following good faith efforts were made to obtain the individual or parent/legal guardian's signature. Please document with dates, times, individuals spoken to, and outcome, as applicable, the efforts that were made to obtain the signature. More than one attempt must be made.

- In person conversation _____
- Telephone contact _____
- Mailing _____
- Email _____
- Other _____

Staff Name (please print): _____ Title: _____

Signature: _____ Date: _____