

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 August 1, 2007.

Patient/Representative Signature

Date

Relationship to Patient

For The 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 acknowledgment
- Unable to sign because of medical condition
- There was not a patient representative available to sign
- Other: (explain) _____

Witness

Date