



Arif A. Alidina, M.D. David C. Hood, M.D. Jonathan M. Morgan, M.D.
James S. Barna, M.D. Andrew S. Mallon, D.O. Christopher D. Muller, M.D.
Matthew J. Clavenna, M.D. Faisal Merchant, M.D. Mariah B. Pate, M.D.
Lance M. Cohen, M.D. Mitchell B. Miller, M.D. Joseph R. Steiniger, M.D.
Scott M. Greene, M.D.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse To Sign This Acknowledgement

I, _____, have received a copy of
(Print Name)

this Office's Notice of Privacy Practices.

(Please Print Name)

(Signature)

(Date)

My protected health information may be released to:

Name: _____

Name: _____

Emergency Contact: (if you would like this person to have access to your protected health information,
please include their name above):

Name: _____ Phone Number: _____

Relationship to patient: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but
acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

