

Shelby Medical Associates, P.A.
711 N. DeKalb Street
Shelby, NC 28150
(704) 482-1482 • Fax (704) 482-0811

ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES

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

Patient Signature

FOR OFFICE USE ONLY

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

___ An emergency existed and a signature was not possible 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: _____

Prepared By: _____

Signature: _____

Date: _____