

Mary McDonald, M.D., S.C.

Written Acknowledgement of Receipt

I, _____, acknowledge that I have received the written
Patient Name
Notice of Privacy Practices from Mary McDonald, M.D., S.C.

Patient or Personal Representative Signature

Date

If Personal Representative, describe relationship

The patient's condition prohibits the individual from signing an acknowledgement at this time. It will be obtained as reasonably practicable after the patient's condition improves.

Acknowledgment was unable to be obtained. Reason: _____

Employee Signature

Date