



Acknowledgement of Receipt of Privacy Practices

You acknowledge that you were offered a copy of our Notice of Privacy Practices. If you would like to receive a paper copy at any time in the future, you can call 251-433-5557.

Name: _____
(Patient's Name – Please Print)

Signature: _____
(Patient or Guardian Signature)

Date: _____

Individual was unable to sign due to the following reason:

- _____ Admitted directly to treatment area
- _____ Left AMA or without being seen
- _____ Unresponsive
- _____ Not competent
- _____ Refused to sign
- _____ Minor child (if under the age of 18)

Signature of facility representative:

Date: _____

Please list anyone with whom we can discuss medical and/or financial issues:

	Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____