

Adult Medicine Specialists, PA

764 Saco Lowell Road, Easley, SC 29640
Phone: 864-855-5525 Fax: 864-855-5440

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received the Notice of Privacy Practices for the office of Adult Medicine Specialists of Easley, P.A.

Signature: Patient's Name/Personal Representative (as defined by HIPPA)

Date

Description of Personal Representation and please attach copy of documentation.

Documentation of "Good Faith" Attempt to get acknowledgement signature.

- Document presented to patient, but patient refused to sign acknowledgement.
- Patient presented with an emergency situation and there was no time to give the Notice or receive a signature. Attempt to give the Notice and get any acknowledgement will be handled as soon as possible.
- Documentation was presented to the patient but a communication failure prevented us from receiving the acknowledgement.
- The documentation was mailed to the patient but never returned to us.
- Other: _____

Employee preparing document: _____ Date: _____

Employee Signature: _____