

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Patient's Name: \_\_\_\_\_  
First MI Last

Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

I have been given a copy of the North Carolina Nephrology, P.A., "Notice of Privacy Practices". I consent to the uses and disclosures of my health information as outlined in the Notice.

\_\_\_\_\_  
Signature of Patient or Representative Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship of Representative to Patient

Please describe the Representative's authority to act on behalf of Patient: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***For North Carolina Nephrology use ONLY***

If acknowledgement of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain acknowledgement and the reason you could not obtain it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_