

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient's Name:			
	First	MI	Last
Date of Birth:	Soc Sec #:		
-		lorth Carolina Nephrology, P.A., "No s of my health information as outline	-
Signature of Patient or Representative		tive Do	ate
Print Name			
Relationship of Re	presentative to P	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:			

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