



Acknowledgement of Receipt:

Notice of Privacy Practices

Patient Name & Address:

I have received a copy of the Notice of Privacy Practices for Salisbury Pediatric Associates, P.A.

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt on the Notice of Privacy Practices because:

- An emergency existed and a signature was not possible at the time
- The individual refused to sign
- A copy was mailed with a request for a signature by return mail
- Unable to communicate with the patient for the following reason: _____

- Other: _____

Prepared by: _____

Signature: _____

Date: _____