

**Acknowledgement of Receipt of
Notice of Privacy Practices
For**

Carolina Nephrology, PA
Corporate Headquarters at:
203 Mills Avenue
Greenville, SC 29605

I hereby acknowledge that I have received the Notice of Privacy Practices for the above office.

Print: Patient's Name / Personal Representative (as defined by HIPAA) Date of Birth

Signature: Patient's Name / Personal Representative (as defined by HIPAA) 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 get 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 signature Date
