
Columbia Nephrology Associates, P.A.

Acknowledgment of Receipt Of Notice of Privacy Practices

Patient Name & Address:

I have received a copy of the Notice of Privacy Practices for the above named practice.

Signature

Date

FOR OFFICE USE ONLY

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

- An emergency existed & 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:
