



**RALEIGH
NEUROLOGY**
ASSOCIATES, P. A.

Acknowledgement of Receipt
Of Notice of Privacy Practices

Patient Name: _____

Date of Birth: _____

SRS #: _____

I understand and have been provided with a copy of the Notice of Privacy Practices for Raleigh Neurology Associates, P.A.

Patient/Legal Guardian/POA (please attach documents) _____ 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: _____

Relationship to Patient: _____
