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:_____