



**Lake Norman Hematology Oncology Specialists
Acknowledgement of Receipt
Of Notice of Privacy Practices**

Patient Name: _____

Patient 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 this 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: _____