



## SIGNATURE MEDICAL GROUP, INC.

### Acknowledgment of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_, have received a copy of Signature Medical Group, Inc.'s updated Notice of Privacy Practices.

\_\_\_\_\_  
Signature of patient or parent/legal guardian/legally responsible person

\_\_\_\_\_  
Description of relationship to the patient

\_\_\_\_\_  
Date

#### For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual/Representative refused to sign the form
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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