

F3.2B

Practice: Raleigh OB/GYN Centre, P.A.
Address: 4414 Lake Boone Trail, Suite 405, Raleigh, NC 27607
Privacy Official: Gail Uzzell
Telephone: 919-876-8225

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.

Print Name of Patient: _____
Signature of Patient: _____
Date: _____
Patient's Date of Birth: _____
Patient's Chart Number: _____

For Personal Representative of the Patient (if applicable):

Print Name of Personal Representative: _____
Relationship to Patient (parent, guardian, etc): _____
Signature of Personal Representative: _____
Date: _____

For Practice Use Only:

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

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (please specify).

Signature of Employee

Date