

NOTICE RECEIPT ACKNOWLEDGEMENT

Purpose: This form is used to confirm that individual has received our Notice of Privacy

I, _____, acknowledge that I have received Orangeburg Medical Group's Notice of Privacy Practices. I have had full opportunity to read and consider the contents of this Notice of Privacy Practices.

Signature: _____ Date: _____

If this authorization is signed by a personal representative on behalf of the individual, Complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____

Print Patient Name: _____

Address: _____

Telephone: _____ E-Mail: _____

Patient Number: _____ Social Security Number: _____