

Acknowledgement of Receipt of Privacy Notice

First Coast Nephrology

I hereby acknowledge that I have received a copy of First Coast Nephrology's Notice of Privacy (NPP).
NPP Pub date: 30 December 2015

Signed: _____ Date: _____

Print Name: _____ DOB: _____ Phone: _____

If not signed by the patient, please indicate the relationship:

____ Guardian or conservator of an incompetent patient

____ Beneficiary or personal representative of deceased patient

Name of patient: (Please Print) _____ DOB: _____

Patient Contact

All calls regarding your health care test results and appointments will be made to your patient voice-mail (Solutions Reach) or to your home phone number. If you would like us to contact you at an alternative phone number, please indicate this number.

(____) _____ Location: _____

____ I hereby authorize this medical practice to contact by phone and if I am not present, you may leave a message on my answering machine.

____ I prefer that you do NOT leave messages on my answering machine

For office use only:

Signed form received by (Please Print): _____ Initials: _____

____ Patient refused to sign acknowledgement:

Efforts to obtain signature:

Reasons patient refused:

