

Midwest Family Practice
12640 E 12 Mile Road
Warren, MI 48093
586-751-2020
586-751-7872

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ A COPY OF
MIDWEST FAMILY PRACTICE NOTICE OF PRIVACY PRACTICES
LITERATURE.

NAME (PLEASE PRINT)

SIGNATURE

DATE

WITNESS

DATE

DOCUMENTATION OF FAILURE TO OBTAIN SIGNED ACKNOWLEDGEMENT:

ON _____, _____.

PRESENTED THIS ACKNOWLEDGEMENT TO _____.

THE PATIENT HAS REFUSED TO PROVIDE THE SIGNATURE REQUESTED:

DOCUMENTATION OF PATIENT RECEIPT OF A COPY OF PRIVACY
PRACTICES OF MIDWEST FAMILY PRACTICE:

ON _____, _____ RECEIVED A COPY

THE PRIVACY PRACTICES OF MIDWEST FAMILY PRACTICE BY, _____.

A STAFF MEMBER OF MIDWEST FAMILY PRACTICE.