NEPHROLOGY ASSOCIATES of the Carolinas, PA

your hometown kidney specialists!

Notice of Privacy Practices Acknowledgement

Acknowledgement:

By signing this form, you acknowledge that the *Notices of Privacy Practices of Nephrology Associates of the Carolinas, P.A.*, has been made available to me. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. Our *Notice of Privacy Practices* is subject to change. If we change our Notice, you may obtain a copy of the revised Notice by request from our health care team.

I acknowledge that a copy of the *Notice of Privacy Practices* has been made available to me.

Signature: _____

Date: _____

Inability to Obtain Acknowledgement: To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the3 good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Signature of Provider Representative:_____ Date:_____

Reason why the acknowledgement was not obtained: _____

_____

_____

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