

PALMETTO FAMILY MEDICINE

109 Barton Creek Court

Columbia, SC 29229

803.256.2286 VOICE

803.419.8430 FAX

Acknowledgement of Receipt of Privacy Notice

I hereby acknowledge that I have been presented the Notice of Privacy Policies for the above office, detailing how my information may be used or disclosed as permitted under federal and state law. I understand the contents of the Notice.

Patient Name: printed _____

Patient Birth date: _____

Patient Signature: _____

I request the following restriction(s) concerning the use of my personal medical information. Please list.

<i>OFFICE USE</i> If Acknowledgement is not signed, mark reason EMPLOYEE initials _____			
<input type="checkbox"/>	<i>Patient refused to sign</i>	<input type="checkbox"/>	<i>Mailed to patient but not returned to us.</i>
<input type="checkbox"/>	<i>Emergency situation & no time to give notice or to receive a signature</i>		
<input type="checkbox"/>	<i>Presented to patient but communication failure prevented us from receiving the acknowledgement.</i>		
<input type="checkbox"/>	<i>Other (detail) _____</i>		