

HEGWOOD MEDICAL GROUP, P.C.
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Acknowledgement of Receipt of Notice of Privacy Practices

This form is a receipt noting that you have received the Notice of Privacy Practices.

I have received a copy of the Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Name: _____
[Please Print]

Date of Birth: _____

Telephone Number: _____

[Signature] [Date of Receipt]

If this form is being signed for a minor, an incompetent or otherwise incapacitated or deceased person, please fill in the following information.

Legally Authorized Representative's Name

[Print Name]

Patient is: ___ Minor ___ Incompetent or Incapacitated ___ Deceased

Legal Authority: ___ Legal Guardian ___ Parent of Minor ___ Other _____
___ Health Care Agent

For Office Use Only:

Signature Declined (due to: _____) (Initial ___)
Signature Not Obtained Due to Patient Incapacitation (Initial ___)

PRIVACY OFFICER: Denisha Barajas