



**Coastal Carolina
Health Care, PA**

**ACKNOWLEDGEMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES**

We are legally required to give you this Notice and to get a signed statement that you received it. By signing this form, you are saying that you have received Coastal Carolina Health Care, P.A.'s Notice of Privacy Practices.

Coastal Carolina Health Care, P.A.'s Notice of Privacy Practices tells you how we can use and disclose your health information. It also describes certain rights you have about your health information kept by us. Please review the Notice of Privacy Practices carefully.

The undersigned hereby acknowledges receipt of Notice of Privacy Practices for Coastal Carolina Health Care, P.A and each of its locations and components.

Patient's Printed Name

Medical Record Number

Patient Signature

Date

Parent/Guardian Signature

Relationship to Patient

If the patient did not sign an acknowledgement of receipt of the Notice of Privacy Practices, complete the following:

List efforts taken to get patient's acknowledgement and reasons acknowledgement was not signed:

Signature of Staff Member

Location

Printed Name of Staff Member

Date