



Acknowledgement of Receipt of Notice of Privacy Practices Of the Reproductive Medicine Group

I hereby acknowledge that I have been provided a copy of the Notice of Privacy Practices for The Reproductive Medicine Group. I also acknowledge that if I have any questions regarding this Notice I may contact the Privacy Officer at the office where my health information is maintained.

Signature of Patient

Date Signed

Print Name of Patient

Account #

For office use when acknowledgement cannot be obtained from the patient.

The patient presented to the office on, _____, and was provided with a copy of The Reproductive Medicine Group's Notice of Privacy Practices. A good faith effort was made to obtain Acknowledgement of Receipt of Notice of Privacy Practices. However, such acknowledgement was not obtained because:

Patient refused to sign

Patient was unable to sign or initial because:

Signature of Employee Completing Form

Date