

LANSING INSTITUTE OF UROLOGY, P.C.

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Patient Name _____

Date _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below I acknowledge that I have been made aware that this office has a Notice of Privacy Practices form. I have been offered this notice, offered a chance to read this notice and offered a copy of this notice to take with me if so desired.

Patient Signature

Witness

Documentation of Failure to Obtain Signed Acknowledgement

On date above, office staff for Lansing Institute of Urology, presented this Acknowledgement of Receipt of Notice of Privacy Practices form to _____(the "Patient")_____(Chart#). The patient refused to provide a signature when requested.

Staff Signature _____