

METHODIST SPORTS MEDICINE CENTER

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FORM

By signing below, I hereby acknowledge the receipt of METHODIST SPORTS MEDICINE CENTER'S Notice of Privacy Practices.

PRINT NAME

Signature

Date

Good Faith Effort was used to obtain acknowledgment, despite this effort

_____ Patient Refused

_____ Patient Unable due to _____.

Staff member's signature and date _____.
signature date