



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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By signing this form, you acknowledge receipt of Shore Physicians Group's Notice of Privacy Practices. Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

If you have any question regarding Shore Physicians Group's Notice of Privacy Practices, please contact our Privacy Office at (609) 653-3812.

I acknowledge receipt of Shore Physicians Groups Notice of Privacy Practices.

Signature of Patient or Legally Authorized Representative: _____

Date: _____

FOR OFFICE USE ONLY

INABILITY TO OBTAIN ACKNOWLEDGEMENT

Attempts have been made to obtain written acknowledgement of receipt of Shore Physicians Group's Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Barrier(s) to communication prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please specify)

Signature of Provider Representative: _____

Date: _____