



MEDICAL MANAGEMENT, LLC
The Physician Practice Management Company®

Policy and Procedure Privacy Policy

Section II: Notice of Privacy Practices



pro|health
PARTNERS
A Medical Group, Inc.

Form PF-1000

Acknowledgement of Receipt of Notice of Privacy Practices

The Practice reserves the right to modify the privacy practices outlined in this notice

I have received a copy of the Notice of Privacy practices which is also posted in the reception area of this office. I may receive a copy of amended notice upon request at subsequent visits. This notice can also be found and downloaded from www.argusmso.com

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Representative

Documentation of Attempt to Obtain Acknowledgement of Receipt of Privacy Practices

An attempt was made to obtain an acknowledgement of the Notice of Privacy Practices on

_____. The acknowledgement was not obtained because:
Date

☐ The patient was undergoing emergency treatment

☐ The patient declined to sign acknowledgement

☐ Other: _____

Signature: _____

Name of the patient: _____

Name of Staff Member: _____

Date: _____