
Patient Chart #

Associated Urologists of North Carolina

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I _____ have been offered a copy of Associated Urologists of North
Patient Name
Carolina Notice of Privacy Practices (NPP). The notice provides in detail the uses and disclosures of my
protected health information (PHI).

Signature of Patient

Date

Relationship to patient (if signed by a personal representative of patient): _____

Signature of Patient

Date