Michigan Advanced Pain & Spine
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27101 Schoenherr Road, Suite 200
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Phone: (586) 806-6466 Fax: (586) 806-6395
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(HIPAA)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been offered a copy of the Notice of Privacy Practices for Michigan Advanced Pain & Spine.

_____ _____
Patient Signature Date

_____ _____
Witness Date

Documentation of Failure to Obtain Signed Acknowledgement:

On _____, we presented this Acknowledgement of Receipt of Notice of
(Date)

Privacy Practices to: _____
(Patient Name)

The Patient refused to provide a signature when requested.

_____ _____
Witness Date