



CORVALLIS

pain management

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGMENT FORM

I, _____, have received a copy of
Corvallis Medical Group LLC's Notice of Privacy Practices.

Signature of patient or legal guardian.

Printed name of patient or legal guardian.

Date: _____, 20 ____

FOR INTERNAL PURPOSES ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgment

An emergency situation prevents us from obtaining acknowledgment

Other (please specify) _____
