

Dry Ridge Family Medicine
104 North Main Street
Weaverville, NC 28787
(828) 645-7974



Acknowledgement of Receipt of Patient Privacy Notice

Patient Name _____

Patient Date of Birth _____

I have received a copy of the Patient Privacy Notice for Dry Ridge Family Medicine.

Signature

Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

- An emergency existed & a signature was not possible at the time.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

- Other: _____

Prepared By _____

Signature _____

Date _____